



Partner 1 Information

Name _____
Email Address _____
Cell phone (____) _____
Birthday ____/____/____ Profession _____
Are you transferring from another church? _____ If so, please list church and address

Partner 2 Information

Name _____
Email Address _____
Cell phone (____) _____
Birthday ____/____/____ Profession _____

Household Information

Wedding/Covenant Date ____/____/____
Address _____ City/State _____ Zip _____
Home Phone (____) _____
Child's Name _____
Child's Birthday ____/____/____ Child's Grade _____
Child's Name _____
Child's Birthday ____/____/____ Child's Grade _____
Child's Name _____
Child's Birthday ____/____/____ Child's Grade _____

Partner Name

Please call me if there is an opportunity to serve with a specific need.	Yes	No
Please email me if there is an opportunity to serve with a specific need.	Yes	No
I would like to be in a weekly small group gathering.	Yes	No
I would like to be in a monthly small group gathering.	Yes	No
I would like to be in a monthly dining-out group.	Yes	No
I like working with groups of children.	Yes	No
I like to organize things.	Yes	No
I am interested in making music.	Yes	No
I know how to pray. (Trick question!)	Yes	No

Partner Name

Please call me if there is an opportunity to serve with a specific need.	Yes	No
Please email me if there is an opportunity to serve with a specific need.	Yes	No
I would like to be in a weekly small group gathering.	Yes	No
I would like to be in a monthly small group gathering.	Yes	No
I would like to be in a monthly dining-out group.	Yes	No
I like working with groups of children.	Yes	No
I like to organize things.	Yes	No
I am interested in making music.	Yes	No
I understand the bible. (Trick question!)	Yes	No

Please use the space below to list any other ways you'd like to be involved at EUCC.