

So that we can get to know you better and minister to you more effectively, please complete this card. Thank you!

| 8 - 3 - 12 | | | | PLEASE CHECK ALL APPLICABLE |
|--------------------|---------|------------------|------|-----------------------------|
| DATE | | SERVICE ATTENDED | | 22 |
| | | | | First-time visitor |
| NAME | | | | |
| 2 | | | | Returning visitor |
| ADDRESS | | | | |
| CITY / STATE / ZIP | | | | New Resident |
| GIT / SIAIE/ ZIF | | | | |
| PHONE EMĀIL | | | | Would like a visit |
| AGE GROUP: | | | | Would like to know |
| 13-18 19-2 | s □26.3 | 5 T 36.45 T 5 | E-EE | more about this |
| | | .5 [] 50-45 [] 5 | | church |
| CHILDREN: | | | | ☐ Would like: |
| NAME | AGE | NAME | AGE | |
| | | | | Invited by: |
| NAME | AGE | NAME | AGE | |