

PROPHETIC VOICES BLACK HISTORY CLASSES REGISTRATION FORM

Student's Name: _____

Date of Birth: ___/___/___ Church Affiliation: _____

Parent or Guardian: _____

Address: _____

City, State & Zip: _____

Phone number(s): _____/_____/_____

Emergency contact call phone number: _____

Relationship: _____

Emergency contact call phone number: _____

Relationship: _____

Does the participant have any medical condition of which the instructor should be aware? (ie: diabetes, asthma, or suffers from seizures)?

Circle: Yes / No. If yes: explain: _____

Permisson:

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Parent/Gaurdian Signature _____

Date: ___/___/___

PARTICIPATING CHURCHES

Shiloh Missionary Baptist Church, Donaldson Chapel Baptist Church,
Elm Grove Baptist Church, New Sunlight Baptist Church,
Redwood Baptist Church & St. Joseph Baptist Church