



Fellowship Missionary Baptist Church
Equip the Saints for Ministry

**PRAISE DANCE MINISTRY
FALL REGISTRATION FORM**

STUDENT INFORMATION

Last Name _____ First Name _____ D.O.B _____

Address _____ City _____ Zip Code _____

Home Phone () _____ Cell () _____ E-mail _____ Grade _____

PARENT INFORMATION (under 18 years only)

Parents/Guardians Mother _____ Father _____

Address (if different) Mother _____ Father _____

Home phones Mother () _____ Father () _____

Office phone Mother () _____ Father () _____

Cell phone Mother () _____ Father () _____

E-mail Mother _____ Father _____

EMERGENCY CONTACT (used only in the event parent/guardian cannot be located)

Name _____ Phone () _____

GENERAL INFORMATION

Although not required, do you have dance experience? Where and How Long? _____

Church Affiliation (If not FMBC) _____ Church Website _____

Pastor _____ Phone # _____

Address _____ E-mail _____

Dance Ministry Leader _____ Email _____ Phone # _____

What are your expectations of this Dance Ministry? _____

Are you available to minister 3th, 4th Sundays or special worship services? _____

Are you a member of other FMBC ministries? If yes, which Ministry? _____