



Contact Card

Today's Date:

- ☐ I am visiting from out of town
- ☐ Military Family
- ☐ AWANA Family
- ☐ Active duty
- ☐ Currently Deployed
- ☐ Veteran

Attended:

Saturday: ☐ 5:00 PM Sunday : ☐ 9:00 AM ☐ 11:00 AM

CHILD'S INFO:

*LIST ADDITIONAL CHILDREN ON BACK

Name:

Date of Birth:

Grade:

Gender:

- ☐ Male
- ☐ Female

Allergies/Special Needs:

ADULT INFO:

Name:

Cell Phone:

Email:

- ☐ Parent
- ☐ Grandparent
- ☐ Married ☐ Single
- ☐ Friend ☐ Other

Address:

City:

State:

Zip:

I grant to FishHawk Fellowship Church, it's representatives, and employees the right to take photographs, video, and/or electronic images of any member of our family in our Family Ministries environments. I authorize FishHawk Fellowship Church to copyright, use, and publish the photographs, video, and/or electronic images in print and/or electronically - with or without names - for any lawful purpose to highlight and promote our Family Ministries environments. My signature below indicates that I have read and understand the above statement of release.

Parent Signature: _____



ADDITIONAL CHILD INFO:

Name:

Date of Birth:

Grade:

Gender:

☐ Male

☐ Female

Allergies/Special Needs:

Name:

Date of Birth:

Grade:

Gender:

☐ Male

☐ Female

Allergies/Special Needs:

Name:

Date of Birth:

Grade:

Gender:

☐ Male

☐ Female

Allergies/Special Needs: