



QUESTIONNAIRE

Name of Youth _____

Youth Date of Birth(____/____/____)

Name of Parent(s) _____

Parents Cell _____

Parent's Email _____

Youth Cell _____

Youth Email _____

Do you want to receive texts with upcoming Youth Ministry info? (yes / no)

Facebook (yes / no) _____

Instagram (yes / no) _____

Twitter (yes / no) _____

School _____

Grade _____

Sports/Extracurricular Activities?
