

**Sitka United Methodist Church
Contact information**

Parents Name:

MOM

First _____ Date of Birth _____

Last _____

DAD

First _____ Date of Birth _____

Last _____

Anniversary: _____

Kids

1. _____ Date of Birth _____

2. _____ Date of Birth _____

3. _____ Date of Birth _____

Address:

Street: _____

City: _____

ZIP: _____

Contact Info:

Home Phone: _____

Cell Phone: _____

E-Mail: _____