

UNITED METHODIST CONFIRMATION CLASS REGISTRATION FORM

***ALL CLASSES FRIDAYS OR SATURDAYS IN FEBRUARY ON ZOOM
(DATES/TIMES & ZOOM LINK WILL BE SENT TO ALL WHO REGISTER)

PLEASE TYPE OR PRINT ALL INFORMATION.

YOU MAY EMAIL TO BOWENSLCIENTELE@GMAIL.COM OR
DROP OFF AT COLESVILLE DURING OFFICE HOURS, OR SEE OR A TEAM MEMBER
(LINDA THOMPSON, CEMORA HARRISON, VALERIE LARKINS, CATHY ROMANO, CARLA BOWENS)

GENERAL INFORMATION

Child's Name: _____

Parent/Guardian's Name: _____

Age of Youth: _____

Grade: _____

Address: _____

City, State, Zip Code _____

Phone number: (Cell and Home)

Email: _____

Carla Bowens, Young Peoples' Ministry Leader

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202.345.1591