



Quest For Authentic Manhood

TODAY'S DATE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET CITY STATE ZIP CODE

Grid for email address input

EMAIL ADDRESS

_____-_____-_____
HOME PHONE # LISTED UNLISTED CELL PHONE #

Grid for birthdate input

BIRTHDATE

MARITAL STATUS: Single Married Divorced Widowed

Relationship to Grace Chapel: Member ____ Regular Attendee ____ Visitor ____ Attend another Church ____

Relationship to Men's Ministry : Regular Attendee ____ Occasional Attendee ____ Visitor ____

How long have you been attending Grace Chapel? _____

Spouse's Name _____

This information will be used for 2 purposes: (1) for future communications about Men's Ministry, and (2) for general upkeep of the Grace Chapel data base.

Registration Amount: (\$20 before 6/26/07; \$30 after): \$_____

Please mail this form and check (made out to Grace Chapel) to:
Carolyn Sylvester
Grace Chapel
3 Militia Drive
Lexington, MA 02421