

## Bunker Hill Information Sheet

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Spouse's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Anniversary: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Children's Names:

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

### Questions:

❖ What Ministries are you involved in at church? \_\_\_\_\_

\_\_\_\_\_

❖ What Ministries would you like to be involved in at church? \_\_\_\_\_

\_\_\_\_\_

❖ Do you attend Sunday School? \_\_\_\_\_

❖ Are you a member of a small group?

❖ Do you sing or play a musical instrument? \_\_\_\_\_

❖ What is your dream for Bunker Hill? \_\_\_\_\_

\_\_\_\_\_

❖ Please Return to the BHCC Office