

Youth Questionnaire

Please fill out this questionnaire and return to the mailbox.

Name:

Address:

City:

Phone:

_____ Cell: _____

School:

_____ Gr. _____

Email:

Parents Name(s)

Mom

Dad

Do your parents attend First Church? Yes No

Another Church? If so, where? _____

Have You Been Baptized? Yes No If yes, when? _____

I am in a D Team: *(check one)*

Yes Thinking about it Want to be

My favorite pig out food(s): _____

My favorite soda(s): _____

Favorite old movie: _____

Favorite current movie: _____