



2975 Cobb Parkway, NW
Kennesaw, GA 30152

www.newbeginningsmc.org
office@newbeginningsmc.org
(770) 421-9980

Attendee Information Sheet

The following information is essential for our ministry records.
Please complete this form so we may update our database.

Mailing Address _____ **City, State Zip** _____
Home Phone: _____ **Service Regularly Attend** (circle one): 9:30 11:00

Adult 1

Circle Ethnicity: **Asian** **Black/African American** **Hispanic** **Native American** **White** **Multi-Racial** **Other**

First Name: _____ Last Name: _____

Preferred Name: _____ Birthday: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____
(Name) (Phone) (Relationship)

Employer: _____ Occupation: _____

Are you a member of NBUMC? _____ Do you wish to join NBMC? _____

Adult 2

Circle Ethnicity: **Asian** **Black/African American** **Hispanic** **Native American** **White** **Multi-Racial** **Other**

First Name: _____ Last Name: _____

Preferred Name: _____ Birthday: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____
(Name) (Phone) (Relationship)

Employer: _____ Occupation: _____

Are you a member of NBUMC? _____ Do you wish to join NBMC? _____

Marital Status _____ *If applicable* – Anniversary _____

Our church publishes a pictorial directory and attendee directory that has contact information.
We include address, phone numbers, and email addresses.

Please **CIRCLE** what information you would like us **NOT** to include in our directories.
ADULT 1: Address Home Phone Cell Phone Email Address
_____ Please do not include any of my information in the church directory.

ADULT 2: Address Home Phone Cell Phone Email Address
_____ Please do not include any of my information in the church directory.

CHILD 1

Circle Ethnicity: Asian Black/African American Hispanic Native American White Multi-Racial Other
First Name: _____ Last Name: _____
Preferred Name: _____
Birthday: _____/_____/_____
School: _____ Grade: _____
Allergies: _____

CHILD 2

Circle Ethnicity: Asian Black/African American Hispanic Native American White Multi-Racial Other
First Name: _____ Last Name: _____
Preferred Name: _____
Birthday: _____/_____/_____
School: _____ Grade: _____
Allergies: _____

CHILD 3

Circle Ethnicity: Asian Black/African American Hispanic Native American White Multi-Racial Other
First Name: _____ Last Name: _____
Preferred Name: _____
Birthday: _____/_____/_____
School: _____ Grade: _____
Allergies: _____

Emergency Contact Name: _____ Phone: _____
Notes for our records: _____

Photos from church events will be posted on the church website, newsletter, social media and other publications. Addresses and phone numbers are never included. If you do NOT wish to have photos posted, please indicate.

- _____ Do NOT post individual or family photos on any public forum.
- _____ My family wishes for our photos NOT to be included in the church pictorial directory.

We have many ways of communicating electronically. If you would like to receive any of our newsletters or email distributions, please indicate below.

- _____ Children’s Ministry _____ Youth Ministry _____ Women’s Ministry _____ Men’s Ministry
- _____ Senior’s Ministry _____ Newsletter _____ Church Information