

Name: _____
First Name Last Name

Address: _____
Street Address City Postal Code

Email Youth: _____ Email Parent: _____

Home Phone: _____ Youth Cell Phone: _____

Date of Birth: _____ Gender (Circle One): Male or Female
Day Mon Year

School: _____ Grade: _____

Parent(s) Names: _____

I attend Beulah Alliance Church Circle One: West | Lighthouse | WMC

I attend a different church. Please list church name: _____



Thank you for completing your 2015-2016 Youth Registration Form!

An email will be sent to your parent(s)/gaurdian to let them know that you have registered.

Privacy Policy

Beulah Alliance Church considers all personal information as confidential and will not release it to outside parties or organizations. However, by completing the following request, you are providing consent for this information to be used within the church for ministry and other church-related activities. Photos and videos are sometimes taken during Beulah activities. When using photos or videos of Beulah events for ministry, publicity or web content, we try to post photos that would not be considered objectionable. We will remove objectionable media upon request.

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