



If you are new to GCC or would like to update your personal information, please fill out this card. You may drop it in the clear container as you exit the sanctuary or take it to the INFO Link to get connected.
Please check all that apply

- | | |
|--|---|
| <input type="checkbox"/> This is my 1st time attending | <input type="checkbox"/> I regularly attend GCC and would like to receive periodic communications |
| <input type="checkbox"/> I'm updating my information | <input type="checkbox"/> I'm just visiting |

Name _____

Married or Single? _____ D.O.B. ____/____/____

E-mail _____ Cell _____

Spouse _____ D.O.B. ____/____/____

E-mail _____ Cell _____

Address _____

City _____ State _____ Zip _____

Home # _____

Names/Birthdates and Grades of Children:

_____ D.O.B. ____/____/____ (F/M) Grade _____

_____ D.O.B. ____/____/____ (F/M) Grade _____

_____ D.O.B. ____/____/____ (F/M) Grade _____

_____ D.O.B. ____/____/____ (F/M) Grade _____

I would like more information on:

Please include the initials of the interested family member next to the Ministry that is checked.

- | | |
|--|---|
| <input type="checkbox"/> Women's Ministry _____ | <input type="checkbox"/> Worship Ministry _____ |
| <input type="checkbox"/> Men's Ministry _____ | <input type="checkbox"/> Stephen Ministry _____ |
| <input type="checkbox"/> Connections Class _____ | <input type="checkbox"/> Outreach/Missions _____ |
| <input type="checkbox"/> First Step Classes _____ | <input type="checkbox"/> Tech/Media Ministry _____ |
| <input type="checkbox"/> Next Step Classes _____ | <input type="checkbox"/> Administration Support _____ |
| <input type="checkbox"/> Singles' Ministry _____ | <input type="checkbox"/> Medical Team _____ |
| <input type="checkbox"/> High School _____ | <input type="checkbox"/> Security Team _____ |
| <input type="checkbox"/> Middle School _____ | <input type="checkbox"/> Info Link _____ |
| <input type="checkbox"/> Children's Ministry _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Caring Ministries _____ | <input type="checkbox"/> Small Groups _____ |

I would like prayer and support concerning:

Please share my prayer request with Staff & Elders Bulletin Prayer Chain

Questions and/or comments:

I would like to know how to have a relationship with Christ.