

# Adult Contact Information

First Baptist Church, Rockport, MA

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone/cell # \_\_\_\_\_

\_\_\_\_\_

Cori Registered  yes

no

In case of emergency call:

\_\_\_\_\_

Relationship \_\_\_\_\_

Landline/cell #s # \_\_\_\_\_

# \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date