

Epiphany Youth Ministry  
Contact Information  
2011-2012

Youth Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Parent(s) Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_

Youth Email Address: \_\_\_\_\_

Parent Email Address 1: \_\_\_\_\_

Parent Email Address 2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Youth Cell Phone: \_\_\_\_\_

Mom Cell Phone 1: \_\_\_\_\_ Youth Texting: YES NO

Dad Cell Phone 2: \_\_\_\_\_ Parent Texting: YES NO

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