

St. Mark Coptic Orthodox Church Adult Application for Gym Activities Membership

Name:			
Address:Street address	City/State	Zip Code	
Emergency Telephone #s:	·	•	
E-mail:			
Please bring two personal pictures (Suprint full name on the back of each picavailable at Walgreens)			
Name (please print)	Signatu	re	
Church Father (please print)	Church	Church Father (signature)	
☐ Application fee in the amount of ☐ 1 family member. ☐ 2 family members (2 nd members)	mber).	
☐ 3 family members (2 nd & 3 ☐ 4 or more family members	s (,		