

St. Mark Coptic Orthodox Church Application for Gym Activities Membership

Name of child:		
Date of Birth:/		
Address:		
Address:Street address	City/State	Zip Code
Parent/Guardian:	&	
Emergency Telephone #s:	&	
E-mail:		
Please bring two personal pictures (S print full name on the back of each p available at Walgreens)		
Parent/Guardian (please print)	Parent/G	uardian Signature
Sunday School Teacher (please print	Sunday S	School Teacher Signature
Father of Confession (please print)	- Father of	f Confession Signature
☐ Application fee in the amount of	has been paid	l as part of:
☐ 1 family member. ☐ 2 family members (2 nd me ☐ 3 family members (2 nd & 2 nd) ☐ 4 or more family member	3 rd members)
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