

Student Data Form

Date:

Gender: Name: (Circle One) Address: Tshirt size: ____ **Student Phone:** Home **Student Email:** Facebook: ☐Yes ☐No **Baptism Date:** _ Birthdate: **Baptized: Yes No** Month ____ Age: ___ School: Current Grade: What type of activities/sports/hobbies are you involved in at your school or in your community (ex. Football, dance, band, etc.) Is there something you would like to do with BHSM that we are not currently doing? Mother (or other): _____ Last Name Relationship to you Address: Address State Phone: Work Email: ___ Father (or other): _____ Last Name Relationship to you Address: Address State Phone:

Email: