Heart of Longmont Directory Update Form

Please have each adult in your household fill out this form. Extras are available at the hospitality desk. Space for children’s names and birthdays are on the back of this form. Thank you!!

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them |  |
| Address: |  |  |
| City/State/Zip: |  |  |
| Primary Phone: |  | Cell |
| Secondary Phone: |  | Cell |
| Email: |  |  |
| Secondary Email: |  |  |
| Birthday: (mm/dd/yyyy) |  |  |

I would like to receive text notifications from Heart of Longmont

about events, team meetings, and other announcements.

I am interested in/part of the following groups:

Adult Sunday School  Outreach

UMW  Youth Ministry

Handbells  Children/Family Ministry

Chancel Choir

Soul Singers

Care Team

Bringing In People

Heart of Longmont Directory Update Form

Please have each adult in your household fill out this form. Extras are available at the hospitality desk. Space for children’s names and birthdays are on the back of this form. Thank you!!

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them |  |
| Address: |  |  |
| City/State/Zip: |  |  |
| Primary Phone: |  | Cell |
| Secondary Phone: |  | Cell |
| Email: |  |  |
| Secondary Email: |  |  |
| Birthday: (mm/dd/yyyy) |  |  |

I would like to receive text notifications from Heart of Longmont

about events and team meetings, and other announcements.

I am interested in/part of the following groups:

Adult Sunday School  Outreach

UMW  Youth Ministry

Handbells  Children/Family Ministry

Chancel Choir

Soul Singers

Care Team

Bringing In People

Please complete the form below for the children in your household.

|  |  |  |
| --- | --- | --- |
| Child’s Name: |  |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them |  |
| Birthday: (mm/dd/yyyy) |  |  |
|  |  |  |
| Child’s Name: |  |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them |  |
| Birthday: (mm/dd/yyyy) |  |  |
|  |  |  |
| Child’s Name: |  |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them |  |
| Birthday: (mm/dd/yyyy) |  |  |
|  |  |  |
| Child’s Name: |  |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them |  |
| Birthday: (mm/dd/yyyy) |  |  |
|  |  |  |
| Child’s Name: |  |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them |  |
| Birthday: (mm/dd/yyyy) |  |  |

Please complete the form below for the children in your household.

|  |  |  |
| --- | --- | --- |
| Child’s Name: |  |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them |  |
| Birthday: (mm/dd/yyyy) |  |  |
|  |  |  |
| Child’s Name: |  |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them |  |
| Birthday: (mm/dd/yyyy) |  |  |
|  |  |  |
| Child’s Name: |  |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them |  |
| Birthday: (mm/dd/yyyy) |  |  |
|  |  |  |
| Child’s Name: |  |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them |  |
| Birthday: (mm/dd/yyyy) |  |  |
|  |  |  |
| Child’s Name: |  |  |
| Preferred Pronouns: | He/Him  She/Her  They/Them |  |
| Birthday: (mm/dd/yyyy) |  |  |