



Christian Church in Indiana (Disciples of Christ)
Commission on Ministry

Current Class Information

TEAM # _____

NAME _____ DATE _____

EMAIL ADDRESSES _____
(PLEASE CHECK PREFERRED) _____

MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ OTHER _____

PERMANENT ADDRESS _____
CITY _____ STATE _____ ZIP _____

HOME REGION _____

HOME CONGREGATION _____

I DESIRE TO BE "Under Care" OF THE INDIANA REGION YES NO

IF NO, I WILL BE "Under Care" OF THE _____ REGION

SEMINARY ATTENDING _____

PROJECTED COMPLETION DATE _____

SIGNATURE _____

PLEASE PRINT NAME _____

My Tuesday Schedule for this semester is _____
