



# Interest Sheet

Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone #: \_\_\_\_\_

School/High School Name: \_\_\_\_\_

Email: \_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you play and instrument? Yes / No      If Yes.....

What instrument (s)? \_\_\_\_\_

**Please print this form. Kindly fill in information then give to the Youth Group Coordinator. Thank you for your input.**