



Guest Card Information

Today's Date _____
Service 8:30a. 10a. 11:45a

Family Information:

Parent/Guardian Name(s) _____

Father's Birthday _____ Mother's Birthday _____

Street Address: _____

City _____ State _____ Zip _____

Father's Ph. # _____ Mother's Ph. # _____

Email: _____

How did you hear about us? _____

Is this your first-time at Grace? Yes / No

**If so, we want you to know that on behalf of your family we will be making a donation to
Tender Mercies that will feed 2 families of 4! Thank you!**

Child #1:

Child's Full Name: _____

Date of Birth ____/____/____ Age _____ Gender _____ Grade _____

Allergies/Medical Concerns: _____

Brought by: _____

Child #2:

Child's Full Name: _____

Date of Birth ____/____/____ Age _____ Gender _____ Grade _____

Allergies/Medical Concerns: _____

Brought by: _____

Child #3:

Child's Full Name: _____

Date of Birth ____/____/____ Age _____ Gender _____ Grade _____

Allergies/Medical Concerns: _____

Brought by: _____

More than 3 kiddos? No problem! Continue on the back!



Guest Card Information

Child #4:

Child's Full Name: _____

Date of Birth ____/____/____ Age ____ Gender ____ Grade ____

Allergies/Medical Concerns: _____

Brought by: _____

Child #5:

Child's Full Name: _____

Date of Birth ____/____/____ Age ____ Gender ____ Grade ____

Allergies/Medical Concerns: _____

Brought by: _____

Child #6:

Child's Full Name: _____

Date of Birth ____/____/____ Age ____ Gender ____ Grade ____

Allergies/Medical Concerns: _____

Brought by: _____

Child #7:

Child's Full Name: _____

Date of Birth ____/____/____ Age ____ Gender ____ Grade ____

Allergies/Medical Concerns: _____

Brought by: _____