

BARNABAS STUDENT INFORMATION SHEET

Name: _____

Home Address: _____

College Address: _____

E-mail Address: _____

Contact Phone Number: _____ Birth Date: _____

College Attending: _____

Major/Minor: _____

List some classes you are taking: _____

Year in School: _____ School Colors/Mascot: _____

Campus Activities: _____

Sorority/Fraternity mascot/colors: _____

Hobbies: _____

Favorite Color(s): _____ Favorite Sport: _____

Favorite pro/college team: _____

Do you collect anything? _____

What type of material do you like to read? _____

Favorite actors/ movies: _____

Favorite snack food: _____

Favorite fast food restaurants: _____

Restaurants close to your school: _____

Shopping places you use at school (such as Kroger, Target, etc.): _____

Date your school starts: _____

Dates of Finals (be as specific as possible): _____

Fall: _____ Winter: _____ Spring: _____

Thank you for participating in the Barnabas Program. Please remember that you are in our thoughts and prayers and that your St. John Church Family loves you very much. Good luck during your new school year!

_____ Yes, I give my permission to share my contact information with other St. John ministry groups.

_____ No, I do not want my contact information shared with other St. John ministry groups.

_____ Will your parent be a Barnabas to a student this year?

Your Signature: _____ Date: _____

Please complete the form, scan, and email to jennie@stjohnky.com. You can mail it to the church if you prefer at St. John UMC, 12700 W. Hwy 42, Prospect, KY 40059