



New United Missionary Baptist Church Speechcraft Application

Applicant Information:

DATE: _____

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip/Postal code _____

Age Group: ___53 and older ___37 - 52 ___26 - 36 ___19 - 25 Birthday (e.g. Month/Day): _____

Retired ___ Yes ___ No Employer _____

Occupation _____

E-mail Address _____ Home/Mobile Phone _____

Emergency Contact & Phone Number _____

Favorite Pastime / Interests _____

Do you have a home Church? ___Yes ___No If yes, list the name of your home Church _____

Church Address _____

Explain why you would like to participate in the Speechcraft and how it can help you.

When registering for the Speechcraft, applicant understands the requirements for successful completion and agrees to fully engage to pursue program objectives by participating in all activities, deliver speeches, evaluate and provide feedback on other participants' speeches, and attend a minimum of four meetings. Applicant further agrees to observe all rules and policies for participants attending New United Missionary Baptist Church Speechcraft. Speechcraft will be held between January 7 - March 4, 2018.

PHOTO/VIDEO RELEASE: Select YES ___ or NO ___ to indicate whether you hereby give permission for the use of photo or video images captured during the program to be used solely for the purposes of New United Missionary Baptist Church and Program Sponsors.

Applicant's Signature _____

Return completed application to: New United Missionary Baptist Church, Attn: Speechcraft
2629 Tunnel Blvd, Chattanooga, TN 37416 or
Scan and Email to ylp@newunited.org or Fax to 423-468-3507