



# 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.***

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***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](mailto:ylp@newunited.org) or Fax to 423-468-3507