



Night Light Registration Form

Name _____ Birthday (Mo/day) _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Are you willing to receive text messages Yes No

Email Address _____

Please check any that apply.

- I am a member of East Highland Baptist Church
- I am an active member at another church
- I would like more information about East Highland Baptist Church

Fellowship Classes

- LIGHT House-Devotions for the Daily Stresses of Life
- SIS Weekly Bible Study-Led by Debbie Bell
- Knit Pickin'-Learning How to Knit
- DIY Craft Class-Demonstration of Seasonal Crafts
- Raisin' Cain-Parenting Tips for all Ages
- Women on Missions-Led by Anna Williams

Ministry Teams

- CAFE-Coats and Food for Everyone
- Just a Note-Note Card Ministry
- The SHINE Ministry-Showing He IS Necessary Everyday
- Love Crafts Ministry Team-Crafts that meet a need