

# *KFCC Services Directory Request Form*

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Name: \_\_\_\_\_

Business/Trade/Service: \_\_\_\_\_

Licensed: Yes/No                      License Type: \_\_\_\_\_

Preferred Contact: Mail \_\_\_\_\_ email \_\_\_\_\_ home phone \_\_\_\_\_ cell phone \_\_\_\_\_

Preferred time to contact: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Contact info:

Bus. Phone: (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_

email: \_\_\_\_\_

Website: \_\_\_\_\_

Work Availability (Please mark the day you are available and the times of that day you are available):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ S \_\_\_\_\_

Additional Notes/information: *(Briefly describe services offered)*

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I understand that publication of information to a website allows the general population, outside of our local congregation, access to the above information through the use of the World Wide Web.

I give First Christian Church of Kenosha permission to publish the above information in its various forms of communication to our congregation: to include its website(s) and/or its annual printed directory to its congregation.

Name(print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*You can give this completed form to Barbara Dega or any FCC administration.