

BURLINGTON CENTER MALL MINISTRY CHURCH CONNECT FORM

Tell us about your church so we can let others know!

Church name _____ Average Attendance _____

Street Address _____

Mailing Address _____
(if different from above)

Phone _____ E-mail _____

Fax _____ Web site _____

Pastor (including title) _____

Other Contact Person _____ Title _____ Phone No. _____

Denomination _____ How Multicultural? little some very

Your mission statement/distinctives _____

Worship Services Please complete worship information below. Feel free to provide a bulletin or sheet with more detailed information. An example is provided to guide you.

For worship style, circle the letter(s) that best describe the service: **A.** traditional **B.** contemporary **C.** mix of traditional and contemporary **D.** liturgical **E.** charismatic **F.** other _____

Day	Time	Language <i>If not English</i>	Worship Style	Nursery Available	Handicap Accessible	Signing for Deaf	Hearing impaired equipment
<u>Sun</u>	<u>10:15</u> AM	<u>Spanish</u>	A B C D E F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
___	__:__ AM	_____	ABCDEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	__:__ AM	_____	ABCDEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	__:__ AM	_____	ABCDEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	__:__ AM	_____	ABCDEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	__:__ AM	_____	ABCDEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	__:__ PM	_____	ABCDEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	__:__ PM	_____	ABCDEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over please ►

Please check **all** that currently apply.

Programs for:

- preschoolers
- children
- youth (grades 7-12)
- young adults
- singles
- couples
- parents
- mothers of preschoolers
- families
- seniors
- men
- women

Ministry via:

- counseling
- divorce recovery
- grief support
- support groups
- HIV / AIDS support
- Alcoholics Anonymous
- Narcotics Anonymous
- addiction recovery
- health programs

Any other information that characterizes your church:

Spiritual Growth Opportunities

- Alpha
- Bible study
- mission trips
- small groups
- Sunday School

Artistic Outreach

- clowns
- dance
- drama
- music
- puppets
- other _____

Service Outreach

- food pantry
- noon meal
- daycare
- before/after school program
- tutoring
- English as a Second Language (ESL)
- summer programs
- other _____

Directions to your church from a major highway:

We would be happy to let you know about the Ministry. Check **how** we may contact you: email fax
Mark off the items you wish to receive

Biweekly

- Prayer Sheet

Monthly

- Calendar of events
- Bulletin insert of events

Occasional

- Newsletter
- Special Events / Seminars
- Volunteer opportunities
- Seminars for Pastors

Your name, title

Date

Thank you for taking the time to fill out this form! Completed forms may be mailed to BCMM, 2501 Burlington-Mt. Holly Rd., Burlington, NJ 08016 or faxed to 609-239-9327.