

# DECISION CARD

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

### Service

Sunday       9:30       11:00       6:00

Wednesday       6:30

Other (Specify, \_\_\_\_\_)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ School: \_\_\_\_\_

### Decision

Salvation     Baptism     Assurance     Confession of Sin

Other (Specify, \_\_\_\_\_)

**Counseled by:** \_\_\_\_\_ **Baptized On:** \_\_\_\_\_

*Distribution: White & Yellow Copy: Children's Pastor Pink: Children's Worker*