Student Ministry Worship Team Application

-Fill out this application and return it to the sage upstairs and Jamie will contact you about the next step-
*****Please Note: We have mandatory practices Sundays 1:30-3:30 and Wednesdays 5-6*****

Name:_____

Email:_____

Grade:_____

Are you a member of Spring Creek Church? □ yes □ no

Instrument(s) and how many years of experience:

_____

Vocals: □ no □ yes
If yes, what type and length of training?_____

Please write out your testimony

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Briefly share why you would like to join the worship team

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