

Registration Form



Name _____

Date of Birth _____ Grade Completed _____ Age _____

Siblings Attending? Please include their names and ages on the line below:

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

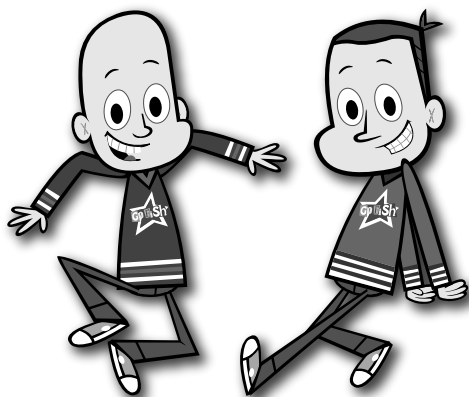
Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Name and Number _____

Special Needs/Allergies/Other Concerns _____

Is there a friend your child would like to be with? _____



Group #

(to be completed by the church)