



REGISTRATION FORM

(ONE PER CHILD)

Date: _____

Child's name: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____


City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

Home email address: _____

Home church: _____

 *If you register before 6/15, you will get a FREE T-shirt. Please*

Crew number or name (for church use only): *State size* _____

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____