

Registration Event

Sunday, July 25

6:00 - 8:00 pm

Drop in and say hi.

Or put forms in box
in office.



Group #: _____

REGISTRATION FORM 2010

CHILD'S NAME: _____

Parent / guardian: _____

address: _____

email: _____

home phone: _____ cell: _____

birthdate: _____ age: _____

last school grade completed: _____

home church: _____

allergies: _____

emergency contact: _____
number: _____