



Registration Form

(One per Child)

Crew # (for church use only) _____

June 20-24, 2016

Child's Name _____ Gender _____

Child's age _____ Date of Birth _____ Last school grade completed _____

Name of Parents/Guardians _____

Street Address _____

City _____ Zip _____ Email _____

Home phone _____ Parent's Cell _____

Home church _____

Allergies or other medical conditions: _____



Parents please provide an Emergency Contact. You will be the first contact; this is someone in the event that you cannot be reached.

In case of emergency, contact _____

Phone Number _____

Relationship to Child _____