

Registration Team

Group Color: _____



Registration

Parent Information:

Parent First and Last Name: _____

E-mail: _____

Parent Phone: _____ Phone Carrier: _____

Do you have a church home?

- Yes
- No

If yes, where do you normally attend? _____

Event Information:

Type of Experience:

- Attending as a Family – Please list everyone attending: _____

- Dropping off my Elementary Aged Child

Which nights will you attend?

- Tuesday, July 11
- Wednesday, July 12
- Thursday, July 13

Child's Information:

Name: _____ Birthdate: ___/___/___ M / F Grade Just Completed: _____

Special or Medical Needs or Allergies: **Circle One:** Yes No If yes, explain on back:

Name: _____ Birthdate: ___/___/___ M / F Grade Just Completed: _____

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Special or Medical Needs or Allergies: **Circle One:** Yes No If yes, explain on back: