



## REGISTRATION FORM (ONE PER FAMILY)

PARENT/GUARDIAN NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CHURCH YOU ATTEND MOST REGULARLY \_\_\_\_\_

### CHILDREN ATTENDING:

	CHILD NAME	-	AGE	-	MALE/FEMALE	-	ALLERGIES
1.	_____		_____		_____		_____
2.	_____		_____		_____		_____
3.	_____		_____		_____		_____
4.	_____		_____		_____		_____
5.	_____		_____		_____		_____