



REGISTRATION

CHILD REGISTRATION

Family name: _____

Child's name: _____ age: _____ Grade in school: _____

Child's name: _____ age: _____ Grade in school: _____

Child's name: _____ age: _____ Grade in school: _____

Child's name: _____ age: _____ Grade in school: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Parent cell phone: _____

Email address: _____

Allergies/Diet Restrictions or other medical conditions:

In case of emergency, contact: _____

Relationship to child: _____ Phone: _____

ADULT REGISTRATION

Name: _____

Address: _____

Phone number: _____

Email _____

Check all that apply:

Alleluia Choir _____

Children's Bible Study _____

Chamber Singers _____

Youth Bells _____

Adult Bible Study _____

Children's Choir _____

Dinner # expected: _____ adults _____ children

**Registration ends September 1.
Please return form with payment to Heather.**

(OVER)