



Registration Form

(One Per Child)

T-Shirt Size (Circle One): Youth—XS SM MED LG XL
Adult—XS SM MED LG XL 2XL 3XL 4XL

Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____ Last school grade completed: _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Home Email: _____

Home Church: _____



Allergies, medical conditions, or special needs: _____

In case of emergency, contact: _____

Phone: _____ Relationship to Child: _____