



REGISTRATION FORM

Child's Name: _____

_____ Male _____ Female Date of Birth: _____ (mm/dd/yy)

Age: _____ Grade: (2010-2011 School Year) _____

School: _____

Mother's name: _____ Father's name: _____

Address: _____

City _____ Zip _____ Tel: (H) _____

Mother (Wk) _____ Father (Wk) _____

Mother (Cell) _____ Father (Cell) _____

Email address: _____

Emergency contact Information:

Name: _____ Relationship: _____

Tel: _____

Name: _____ Relationship: _____

Tel: _____

SIBLING'S NAMES

- 1. _____
- 2. _____
- 3. _____

<p>T-Shirt Size:</p> <p>____ Youth XS ____ Adult S ____ Youth S ____ Adult M ____ Youth M ____ Adult L ____ Youth L ____ Adult XL ____ Adult 2XL (+\$1) ____ Adult 3XL (+\$2)</p> <p><i>Additional shirts are \$5.00 each.</i></p>
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Site Location:

_____ Cedar Grove United Methodist Church _____ Rainbow Park Baptist Church