

Event/Activity Registration Form



Please complete the information, seal your money inside and Return to the Youth Ministry Office. A current Medical Information/Release form is required on all major activities/events.

Activity/Event: _____ Today's Date: _____

Name: (Mr) (Miss) _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ @ _____

IM Name: _____ Age: _____ Grade: _____ Birthdate: Month _____ D _____ YR _____

Church You Attend: _____ City: _____

Event/Activity Cost: \$ _____ T-shirt Size: _____ School: _____

Amount Enclosed: \$ _____ Friend of: _____



Circle Appropriate:

Deposit Payment
Full Amount / Cash
Check



EVENT/ACTIVITY/REGISTRATION FORM

Please complete the information, seal your money inside and Return to the Youth Ministry Office. A current Medical Information/Release form is required on all major activities/events.

Activity/Event: _____ Today's Date: _____

Name: _____

Address: _____ City: _____ Zip _____

Phone: _____ Email: _____ @ _____

Age: _____ Grade: _____ Birthdate: Month _____ Day _____ Year _____

Church You Attend: _____ City _____

Event/Activity Cost: \$ _____ Tshirt Size: _____ School: _____

Amount Enclosed: \$ _____ Friend of: _____

Circle Appropriate:

Deposit Payment
Full Amount / Cash
Check

