



REGISTRATION FORM

(One Per Child)

Dates: July 24-28, 2017

Time: 9:00—11:45 am

Cost: \$30 per participant.

Full-time parent volunteers receive a discount on registration fees.

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

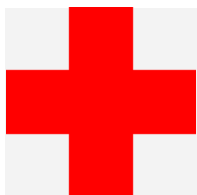
City: _____ State: _____ Zip: _____

Primary phone: _____

Parent/caregiver's cellphone: _____

Primary email address: _____

Home church: _____



Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

For parish use only:

Crew number or name: _____