

PARTICIPANT REGISTRATION FORM - Summer Program 2017

(ONE FORM PER PARTICIPANT)

Child's Name: _____ D.O. B.: _____

Grade Completed June 2017 _____ Allergies if any: _____

Address: _____

Home Phone: _____ Home Church: _____

Email Address: _____

Parent/Guardian name: _____

Alternate Person Authorized to Pick Up _____

Phone Number of parent/guardian in case of emergency: _____

Cost: \$125 per week

Please mark each week your child will be attending:

June 26-30: Awesome Adventure Week _____

July 24-28: Silly & Sane Sports & Games _____

August 21-25: Wild Water Week _____

Total for sessions: \$_____ Checks payable to "Zion Lutheran Church"

Signature of Parent/Guardian Date _____

Zion Lutheran Church _____ has my permission _____ **does not** have my permission
to use my child's photograph for publicity purposes.

Detach form and return to Zion Lutheran Church office.

For office use only: Date received: _____

Amount Paid: _____ Cash: _____ Check: _____