



Name: _____

Birthdate: _____ Age: _____

Home Address: _____

Mailing Address: _____

Phone Numbers: Home _____ Cell _____

Name and Phone Number of Emergency Contact:

Allergies/Medical Conditions: _____

Name and City of Home Church: _____

***We will be taking photos of the kids all week long and will present them in our slide show on Friday. These photos WILL NOT appear in any publication or on any website.

Assigned to Crew #: _____