



Registration Form

Please complete one form per child.

Child's name: _____ Child's age: _____

Date of birth: _____ Last school grade completed: _____ Child's T-shirt size: _____

Name of parent(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home telephone: (_____) - _____

Parent/caregiver's cell phone: (_____) - _____



Home e-mail address: _____

In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home church: _____

Crew number or name (for church use only): _____

Please print completed form and return to:

Deb Resner
c/o Trinity Lutheran Church, 6600 Laurel Bowie Road, Bowie, MD 20769