

Columbine United Church Youth Group

INSTRUCTIONS: Complete ALL sections of this registration form. Complete a separate form for each participant. Incomplete forms will be returned! Please use a black pen and PRINT legibly. Information provided is CONFIDENTIAL.

YOUTH INFORMATION

ALERT- ALLERGIES _____

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Birth Date _____

Home Phone _____ Cell Phone _____ Email _____

Gender ___ Male ___ Female T-Shirt Size ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL

School Attending This Fall _____ Grade In Fall of 2008 _____

Activities Enjoy, clubs, sports, etc. _____

PARENT/GUARDIAN INFORMATION

First Name _____ Middle Initial _____ Last Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Email _____

Work Phone _____ Occupation _____ Employer _____

First Name _____ Middle Initial _____ Last Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Email _____

Work Phone _____ Occupation _____ Employer _____

Alternate Street/Mailing Address if different from the youth's address: ___ Mother ___ Father ___ Guardian

Mailing Address _____

City _____ State _____ Zip Code _____

Emergency Contact

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____