

District Assembly 2018

Children's Activities Pre-Registration

Please fill one out for each child

Child's name _____

Birthdate _____

Parent/Guardian _____

Cell phone # _____

Text?

Yes

No

Parent/Guardian _____

Cell phone # _____

Text?

Yes

No

Additional Information _____

Sessions (please checkmark which sessions your child will be attending)

Wednesday Evening

Thursday morning

Thursday afternoon

Will your child need lunch?

Thursday evening

Friday morning