

IMPACT Weekend 2010

(March 5-7)

Registration:

YES, I want to go!!

Name _____ Grade _____

Address _____

Home Phone _____ Sex _____ Age _____

DOB _____ email _____

Parents or Guardians _____

Phone Day _____ evening _____

T-shirt Size _____ Helmet size _____ just kidding

Are you a member of a church? _____ yes _____ no

If so, where? _____

Pastor? _____ Phone _____

Have you been baptized? _____

Insurance Company _____

Policy # _____ Group # _____

Special Needs (dietary, medication, etc.) _____

(The medical release form is required with this registration!)

All parents are asked to contact Adam Love 387-2111 for more detailed information about the weekend. Please complete this form and return it with your \$65 registration fee and medical release form **no later than Wednesday, Feb 17th**

IMPACT Weekend 2010

(March 5-7)

Registration:

YES, I want to go!!

Name _____ Grade _____

Address _____

Home Phone _____ Sex _____ Age _____

DOB _____ email _____

Parents or Guardians _____

Phone Day _____ evening _____

T-shirt Size _____ Helmet size _____ just kidding

Are you a member of a church? _____ yes _____ no

If so, where? _____

Pastor? _____ Phone _____

Have you been baptized? _____

Insurance Company _____

Policy # _____ Group # _____

Special Needs (dietary, medication, etc.) _____

(The medical release form is required with this registration!)

All parents are asked to contact Adam Love 387-2111 for more detailed information about the weekend. Please complete this form and return it with your \$65 registration fee and medical release form **no later than Wednesday, Feb 17th**