REVIVE KIDS SUMMER FUN 2019

Revive Church Kids Registration Form

7849 West Broadway • Brooklyn Park, MN 55445

Participant(s) Name(s): _____ Family Last Name _____

Street Address: _____ City: _____ State/Zip: _____

Parent/Guardian: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Cell Phone: _____

Please list any disability or behavior concerns: _____

_____

_____

List any allergies or medical conditions that may affect participants: _____

_____

_____

Participant's Name	Date of Birth	Grade Entering	Gender	Program Name	Fee
			M/F		
			M/F		
			M/F		
			M/F		
			M/F		
			M/F		
			M/F		
			M/F		
			M/F		
			M/F		
			M/F		
			M/F		

Make checks payable to Revive Church. **Total Due: _____**

☐ **Fee Assistance Request - Please contact the office.** **Total Enclosed: _____**

Revive Church often takes pictures of participants enjoying their activities. These are used for program promotion, brochures and staff training. I grant permission to use the pictures of my child(ren) for the above purpose.

Parent/Guardian Signature: _____Date:_____

OFFICE USE: ☐Cash ☐Check #_____

Office: (763) 391-6140 • Fax: (763) 391-6401 • www.ReviveBrooklynPark.org