

Summer Nights Live!

Registration

Take The Plunge! Make a Splash with Jesus!
June 18-22, 2007
6:30-8:30 pm

(If you have more than one child in your family attending, please fill out one line for each child.)
(PLEASE PRINT)

Student's Name _____ Grade completed ____ Age ____

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Student's Name _____ Grade completed ____ Age ____

Student's Name _____ Grade completed ____ Age ____

Student's Name _____ Grade completed ____ Age ____

Address _____ City _____ State ____ Zip Code _____

Parent/Guardian Name(s) _____

Email _____ Phone _____

Emergency Contact name & number: _____

Second Emergency contact name & number _____

Allergies/Special Needs _____

Do you currently attend church? _____ yes _____ no

Church name _____

Please initial the following:

_____ SNL will be canceled in the event of a tornado watch for Delaware or Franklin County

_____ Dinner is not provided – a snack will be provided

I give my child/children permission to participate in the "Summer Nights Live!" ministry. This includes all indoor and outdoor activities, prayer, crafts, presentations, songs, stories, snacks, etc...

Signed: _____ Date: _____

Mail to: Harlem Road UMC, 5520 Harlem Rd, Galena, OH 43021