



Wednesday Night Live - The Champion's Journey - Registration Form – 2008-09

Name of child _____ Date of birth _____

Parents Name _____

Address _____ Age _____

City _____ State _____ Zip _____

Phone # _____ Cell# _____

E-mail address _____ Home Church _____

Emergency Contact _____ Phone # _____

Name of School _____ Teacher's Name _____ Grade _____

Known Allergies _____

Address of Parent or 2nd parent if other than above _____

Special Needs _____

What else would you like us to know about your child? _____

Do you have any hobbies you might like to share? _____

Younger siblings names and ages _____

Address of Parent or 2nd parent if other than above _____

Special Needs _____

What else would you like us to know about your child? _____

Do you have any hobbies you might like to share? _____

Younger siblings names and ages _____