

AMPED

LIVE FULLY ALIVE!

August 6-10, 2018

9:15AM-12:00PM

REGISTRATION FORM

CHILD INFO

(Please complete one form for each child who will be attending)

Child's Name: _____

Age: _____ Birthdate: _____ Last grade completed: _____

Does your child have food allergies? If yes, please specify:

Does your child have medical issues, special needs or security/custody issues we need to know about? If so, please explain how we can help:

PARENT/EMERGENCY CONTACT INFO

Parent(s)/Guardian Name:

Address:

City: State: Zip Code:

Home Phone: Work or Cell Phone:

Email Address:

In the event of an emergency and we are unable to reach you, please provide us with two other people that we can call

Name: Relation: Phone:

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For questions, concerns or information contact us

Kristi Wheaton (406)363-8804

Jana Wheaton (406) 546-2658

Kristi-jana@canyonviewchurch.org

Canyon View Church

195 Skalkaho Hwy

Hamilton, MT 59840

[406-363-4244](tel:406-363-4244)