

SUMMER MISSION REGISTRATION 2019

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

If applicant is a minor please provide the following:

Parents/Guardian Name _____

Home Phone (_____) _____ — _____

Parent/Guardian Cell Phone (_____) _____ — _____

Birth Date _____ / _____ / _____

Circle One: **Single** **Married**

(If married please provide Spouse's name and phone number)

Circle One: **Male** **Female**

T-Shirt Size (Circle) **Child** S M L **Adult** S M L XL XXL (\$15 payable to CFAN)

Tetanus shot date _____ / _____ Month Year

Emergency Contact #1 (NOT A Parent/Guardian/Spouse) An attempt will be made to contact parent/Spouse first.

Name _____

Phone Number (_____) _____ — _____

Date of Camp Attending _____ - _____ (Ex: 6/8—6/13)

Have you ever been convicted of a felony? Yes or No

If yes, please explain _____

