



5-DAY CLUB REGISTRATION FORM



Please print legibly

Parent Name: _____

Cell Phone: _____

Home Phone: _____

Address: _____

Email: _____

Church Affiliation: _____

of Children _____

Elementary School that they attend: _____

I need prayers for: _____

**Please return form to Stacy McClelland, Interim Director of Children's Ministries at:
699 N Grove, Hendersonville, NC 28792
dcm@hendersonvillepc.org**

