5-DAY CLUB
June 3rd-7th, 2024
10:00-12:00 p
REGISTRATION FORM

Please print legibly

Parent Name: _____

Contact Phone Number(s): _____

Address: _____

Email: _____

Church Affiliation: _____

Child Name(s): _____   Grade: _____

# of Children _____

Elementary School that they attend: _____

Dietary Restrictions: _____

I need prayers for: _____

_____