



## Fall Ministry Registration

First Name:

Last Name:

Email:

Gender:

Age:

Birthdate (mm/dd/yy):

Cell Phone Number:

Home Phone Number:

Home Church:

Address:

Allergies (describe type(s) and symptoms):

Please indicate your location choices by numbering them 1–5:

Elkhart (IN) \_\_\_\_\_

Southside (IN) \_\_\_\_\_

Lafayette (IN) \_\_\_\_\_

Westminster (IL) \_\_\_\_\_

Bloomington (IN) \_\_\_\_\_

Marion (IN) \_\_\_\_\_

Parent/Guardian Permission: Medical Aid Permit - "I give my permission for my son/daughter to attend the upcoming Fall Ministry, October 6-8, 2017. I realize that the students will be chaperoned, but will also be outside and/or off camp property. If I cannot be reached, I give my permission for medical treatment to be administered."

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Parent/Guardian Signature