

Congregational Registration - Forms

NAME OF CHURCH _____

Church email address _____

CHURCH DESIGNATED CONTACT PERSON FOR REGISTRATION:

NAME: _____

TELEPHONE: _____

EMAIL _____ OR

FAX NUMBER: _____

Attached you will find a separate sheet to register adults, youth (6th Grade – High School) Children (4th & 5th Grade) and nursery (Toddlers – 3rd Grade).

Please remember: Children & Youth need a completed PERMISSION from their parents and/or guardians.

Total Number of Adults you are registering _____

Total Number of Youth you are registering _____

Total Number of Children (Infant – 3rd Grade) _____

Church Check # _____

Total Amount enclosed for **all Registrations:** \$ _____

ADULTS

Print or Type (ADULT) Name

Lunch

Workshop

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

Adult Total _____

CHILDREN & YOUTH (4TH Grade – High School)

Lunch Choice: H=Ham T=Turkey B=Beef V=Veggie

Print or Type (YOUTH) Names:

Lunch

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____

CHILDREN/ Youth Total _____

NURSERY CARE (infant – 3 grade)

Print or Type Names and age

Age

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

IF YOU ARE BRINGING MORE THAN 6 LITTLE PEOPLE YOU NEED TO CALL THE AREA V OFFICE ASAP! Smile

- 7. _____
- 8. _____
- 9. _____
- 10. _____

Nursery Total _____

Youth Registration Form and Permission Slip: 4th Grade – High School

Youth/Child Name _____ Grade _____

Parent and/or Guardian Name _____

I/We give my/our child/Youth permission to attend and participate in the Area V Annual Meeting at First Baptist Church, – Columbia, and Missouri. Should an emergency arise, my church sponsor or an Area V Leader in attendance has my permission to obtain any necessary medical care for my/our child.

Parent/ Guardian Signature

Youth/Child Registration Form and Permission Slip: 4th Grade – High School

Youth/Child Name _____ Grade _____

Parent and/or Guardian Name _____

I/We give my/our child/Youth permission to attend and participate in the Area V Annual Meeting at First Baptist Church – Columbia, Missouri. Should an emergency arise, my church sponsor or an Area V Leader in attendance has my permission to obtain any necessary medical care for my/our child.

Parent/ Guardian Signature
