



Registration

Student Name _____

Address _____

E-Mail Address _____

Cell Number _____ Date of Birth _____ T-Shirt Size _____

School Name _____ School Grade _____

Mothers Name _____ Fathers Name _____

Home Number _____ Parent Cell Number _____

Two people I would like to room with. (if applicable) _____

Name of Event: _____ Date of Event: _____

Total Cost of Event _____ Price _____

I am paying the following today (check one):

Non-Refundable Registration Fee _____

Total Amount for Event _____

Other: _____

Today's Date is: ____/____/10 Total I'm paying today: _____

I am turning in my TLC Medical Release form

I have a TLC Medical Release form on file already

Method of Payment	
<input type="checkbox"/>	Check (make payable to TLC)
<input type="checkbox"/>	Cash
<input type="checkbox"/>	_____

Please fill out the registration form completely and place payment in the envelope. Drop this registration form off at the church office in Billy G's box or slide it under Billy G's office door.