

Egypt Registration Form

Name _____

Date of Birth _____ Grade Entering _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact Name & Number _____

Special Needs/Food Allergies _____

Is there a special friend your child would like to be with? _____

Home Church _____

I ____ do ____ do not authorize the reproduction of my child's photo for the benefit of the community by the Huron United Methodist Church or First Presbyterian Church of Huron. Some examples may be: local newspaper, website, newsletter, or church bulletin. No names shall be used with the photographs.

Parent Signature _____



Crew Assignment (completed by church):