



Registration Form

First Congregational Church of Twinsburg, UCC

June 6-10, 2011 5:30-8:30pm

Child's Name

Date of Birth

Address

Telephone Number

Parent or Legal Guardian

Telephone Number

Emergency Contact Person
(other than parent)

Relationship to child

Telephone Number

Allergies (especially food allergies)

Other Helpful Information (illnesses, medication, activity restriction, etc.)
