



Mid-Winter Adventure: Knights of North Castle

Student's Name _____

Parent/Family/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Date of birth _____ Age _____ School Grade _____

Home Church (if any) _____

Friends of your child at this church _____

Special Needs/Allergies/Medical Information/Other: _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Name(s) of person(s) who may pick up this child from *Mid-Winter Adventure* _____

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Parent/Guardian's signature: _____ Date _____