



# Rome Registration Form



(one per family)

Leander United Methodist Church

July 20 – 24, 2009 9:00 – Noon

Name(s)

Age(s)

Grade(s) in 8/09:

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Parent/guardian name (s) \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Home church: \_\_\_\_\_

Name of a special friend your child might like to be with: \_\_\_\_\_