

REGISTRATION FOR BIBLE CAMP CARNIVAL

WHEN: TUESDAY, AUGUST 17 AND WEDNESDAY AUGUST 18

TIME: 6:00 P.M.-7:30 P.M.

WHERE: THE GATHERING PLACE (BEHIND ACE ROBBINS ON SUNNYSIDE ROAD)

(In Case of inclement weather, the event will be held at Tunkhannock United Methodist Church on the corner of Church and Warren Streets.)

CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE: _____ GRADE: _____

CHILD'S ADDRESS: _____

PARENT'S NAMES: _____

MOTHER'S PHONE NO: _____ FATHER'S PHONE NO: _____

EMAIL ADDRESS: _____

ALLERGIES OR OTHER HEALTH CONCERNS: _____

EMERGENCY CONTACT #1

NAME: _____

PHONE NO: _____ RELATIONSHIP: _____

In the event of a medical emergency, and TUMC is unable to reach my child's contacts, TUMC has my permission to seek medical attention for my child.

PARENT/GUARDIAN SIGNATURE: _____

PLEASE COMPLETE A SEPARATE REGISTRATION FORM FOR EACH CHILD ATTENDING THE EVENT, AND RETURN TO THE OFFICE OR EMAIL TO: suepirone@hotmail.com