



Religious Award Workshop Registration Form



God and Me -- January 16 _____
God and Family -- January 23 _____

Child's Name _____ Male ___ Female ___

Address _____

City _____ State _____ Zip Code _____

Child's Home Phone _____

Pack or Troop number _____ Grade ____ School _____

Known Allergies (Including food) _____

Other important information about your child: _____

Emergency Contact Information:

Parent/Guardian (1) _____ Home _____ Cell _____

Parent/Guardian (2) _____ Home _____ Cell _____

Emergency Contact _____ Home _____ Cell _____

Email: _____

How did you find out about the workshops? _____

Church you attend? _____

We may take photographs during our workshops. If a photo/video is used outside of the Church we would like your permission.

I give my permission for _____ to be in photos or videos.
(Child's Name)

(Parent or Guardian)

Date