



Gulf Breeze United Methodist Church Ministry Registration Form

Complete the information below, seal money inside envelope, attach and return to the Student Ministry Office or Church Welcome Desk.

Date: ____/____/____ Activity / Event: _____

Name: _____ Home Phone: _____

Parent's Email: _____ Age: _____ Grade: _____

Address: _____ City: _____ State: ____ Zip: _____

Medical Release on file (since Aug, 2009): yes ____ no ____ if yes, has any medical/insurance information changed?

Please list any changes: _____

Circle One: Male Female Parents/Guardian Names: _____

Wk. Phone: _____ Cell Phone: _____

Roommate Choice: **(if applicable)**

1st: _____

2nd: _____

T-Shirt (if applicable) S M L XL XXL

Circle Appropriate: Cash Check Credit Card Deposit Amount Enclosed: \$ _____

Parental Consent:

Yes, I _____ will allow my son/daughter

_____ to attend this event.

(print name)

Parent's Signature: _____

Other information enclosed: