



REGISTRATION FORM

(one per child)

Name: _____ Age: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Cell telephone: _____

Home e-mail address: _____

Date of birth: _____

Last school grade completed: _____

In case of emergency, contact: _____

Mother: _____

Father: _____

Other: _____

Allergies or other medical conditions: _____

Home church: _____

Safari Crew number (for church use only): _____

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