

Mission Lutheran Church
Participation Form
"Changing Lives Through Jesus Christ"

Name: _____

Street Address: _____

City: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

Birthday: _____ T-shirt size (circle): S M L XL

School: _____ Grade: _____

Mom's Name: _____ Cell Phone: _____

Mom's e-mail address: _____

Dad's Name: _____ Cell Phone: _____

Dad's e-mail address: _____

Emergency Contact: _____ Phone: _____

Allergies / other info such as food restrictions: _____

Please initial:

I authorize my child to use transportation that has been arranged by MLC: _____

I authorize MLC to use photographs of my child for publications (such as flyers, newsletters, website, etc): _____