



July 10—14

Registration Form

Crosspointe Meadows Church

248-669-9400

Name _____

Street Address:

Date of Birth _____ Grade Completed _____ Age _____

Would like to be in a group with: _____

Home Phone _____

Cell Phone _____

Do you accept text messages? ____ Yes ____ No

E-mail: _____

Emergency Contact Name and Number

Special Needs/Allergies/Other Concerns

Person Picking up Child: _____

(Will need to show picture ID)

PHOTO RELEASE: By filling out this form I also agree to the following release of information regarding my child: The church may feature my child in the broadcast and print media, on the church web site, and in publications and programs.

Parent Signature Date

Office Use Only

Participant # _____

Crew: _____

Cost: 25.00 Amount paid _____ Balance Due: _____ CMC Only CD: \$5.00 paid: _____