



*Lebanon Baptist Church*

**Registration Form**

Please fill out one per family.

PARENT'S NAMES \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail \_\_\_\_\_ Location during Club \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Cell/pager) \_\_\_\_\_ **Emergency phone #s:** \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(Street) (City) (Zip)

Child's Name _____	DOB ____/____/____	Male/Female
Uniform size (if new one needed) _____	Grade _____	Club _____
Needs new book _____	Finishing book _____	
List any Allergies Or Concerns: _____		

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