

Rodeofest 2010

Registration Form

Please print clearly and complete one form per person. You may duplicate this form as necessary. If sponsors wish to eat lunch on campus there will be a \$5 charge.

***Please enclose the \$20 registration fee with this form**

Check here if you are a sponsor

First Name _____ Last Name _____

Gender: Male Female Date of Birth _____

Grade: 3rd 4th 5th 6th

Parent/Guardian Names _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone _____ Parent's Cell/Work Phone _____

Name of Church I am coming with _____

Church's Mailing Address _____

City _____ State _____ Zip _____

Church Phone Number _____

Pastor's Name _____

In case of medical emergency (must be signed by parent/guardian): *I understand every effort will be made to contact parents or guardians of registrants. In the event that I cannot be reached, I hereby give permission to the physicians selected by Northland to hospitalize, secure proper treatments, and order injection, anesthesia, or surgery for my child as named.*

Parent/Guardian's Signature _____

Date _____

NORTHLAND
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