

Christian Service Brigade Registration

Name _____

Grade _____ Birthday _____

Address _____

Parents Names _____

Phone Number _____

Cell Phone _____

Emergency Number (if we can not reach you at the above numbers) _____

Name of Emergency Contact _____

Allergies _____

Suggested Registration Fee \$20 (please use envelope provided and bring on our first night)

_____ Office Use _____

Leader _____

Group _____