



Christ the Shepherd Presents: SHIPWRECKED

June 18-22, 2018 9-11:30am

Child's name: _____

Child's gender: _____ Child's age: _____

Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____

State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Cost: \$15.00 (for checks, make payable to "CTS")

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Payment type: Cash or Check # \_\_\_\_\_

Crew number or name: \_\_\_\_\_

(church use only)

