

Register me for The Incredible Race!

July 22 - 26

8:30 am - 2:00pm

4 y.o. - 12 y.o

Child's Name _____

Gender: Male ____ Female ____ Birthdate ____ / ____ / ____ Grade Completed _____

Address _____ City _____ State ____ Zip _____

Parent / Guardian _____ Home Phone _____

Work Phone _____ Cell phone _____ Email _____

Emergency Contact _____

Relationship to Child _____

Who can pick up your child? _____

Name of home church _____

Food Allergies Y ____ N ____ List _____

Medical Concerns Y ____ N ____ Explain _____