

REGISTER ME FOR OPERATION ARCTIC!

Child's name _____

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

Address _____ City _____ State _____ Zip _____

Parents/Guardian _____ Home phone _____

Work phone _____ Cell phone _____ Email _____

Emergency contact _____

Relationship to child _____ Phone _____

Name of home church _____

Food allergies Y___ N___ List _____

Medical concerns Y___ N___ Explain _____