

## REGISTRATION FORM

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ FLORIDA

Zip: \_\_\_\_\_

Hm. Phone: \_\_\_\_\_

Student's Cell: \_\_\_\_\_

Student's Email: \_\_\_\_\_

\_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_

\_\_\_\_\_

Student's Grade: \_\_\_\_\_

School: \_\_\_\_\_

Who's Life Group do you attend:

\_\_\_\_\_

Who is one person you would like to room with: \_\_\_\_\_

What Shirt Size do you need: (Adult Sizes)

XS    S    M    L    XL    2XL

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