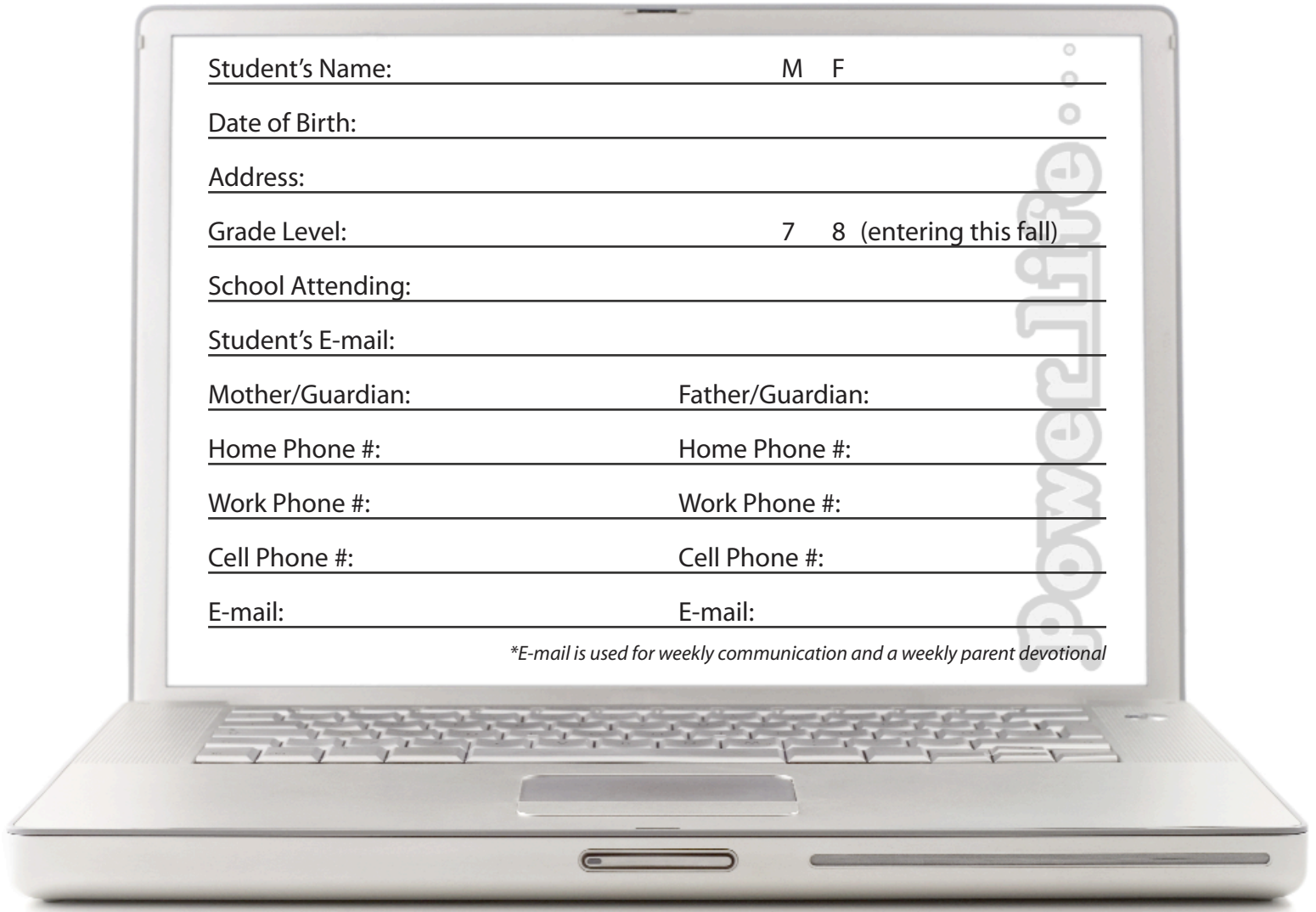


Registration Form

Powerlife (Grades 7 & 8)



Student's Name: _____ M F

Date of Birth: _____

Address: _____

Grade Level: _____ 7 8 (entering this fall)

School Attending: _____

Student's E-mail: _____

Mother/Guardian: _____ Father/Guardian: _____

Home Phone #: _____ Home Phone #: _____

Work Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

E-mail: _____ E-mail: _____

**E-mail is used for weekly communication and a weekly parent devotional*

Emergency Contact Name: _____ Relation to Student: _____

Phone Number: _____

8th Grade only: I would like to be in the same small group as last year: Yes No _____

Choice of one other student to be in your small group: _____

What are some of the extracurricular activities that you're involved in at school? _____

What are your hobbies/interests? _____

My 5 favorite bands: _____ My 5 favorite movies: _____

1) _____ 1) _____

2) _____ 2) _____

3) _____ 3) _____

4) _____ 4) _____

5) _____ 5) _____