

Mission Riverside 2008 Registration Form



Lutheran Church of HOPE

Name _____
Address _____
City Zip _____
Phone _____
Email Address _____
Age _____
Gender M / F _____
Allergies or Disabilities _____

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Address _____
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Phone _____
Email Address _____
Age _____
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Children are always welcome! Parents are responsible for supervising their children.

Children attending with you - names and ages _____

Date you will attend (please circle):

April 12 April 26 May 3 May 17 May 31 June 7 June 21
June 28 July 12 July 19 August 10 (Dedication service)

Number attending the continental breakfast between 6:30 – 7:00 am at Riverside: _____

Total registration fee due (\$5/person, age 6 and under free): \$ _____
(Please include payment with completed registration form.)

Emergency Contact Information:

Health Insurance Carrier _____

Policy # _____ **(Please attach copy of insurance card(s) to form)**

Phone _____

Emergency Contact Name & Phone:

Signature _____