SonWest Roundup Registration Form

Name

Birth date

Street address

City, State, Zip

Home phone

Cell phone

E-mail

Parent(s) name(s)

Parent(s) work phone(s)

In case of emergency, contact

Allergies or other medical conditions

School grade just completed

Name of home church, if any

I hereby _____ GRANT _____ DO NOT GRANT (choose one)

permission for

to use pictures of my child

on their website for informational or promotional purposes.

Parent/Legal Guardian

Parent/Legal Guardian
(signature)