

Registration Form for Polar Blast July 17-18



Name (s) and age (s) and shirt Size: YS YM YL AS

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____ Cell phone: _____

Home e-mail address: _____

Number of family members participating in **Polar Blast**: _____

Will parents be helping in other areas of **Polar Blast**? _____

Where? _____

In case of emergency, contact: _____

Allergies or other medical conditions: _____

Home church: _____

Name of a special friend your child might like to be with: _____