

CROSSOVER WEEK REGISTRATION

July 9 – 13, 2018

Going into GRADE 6-9

NAME: _____

GRADE GOING INTO: _____

CIRCLE THE DAYS YOU ARE PLANNING TO ATTEND
CROSSOVER (AFTER VBS): M T W TH F

_____ PLEASE CHECK IF YOU HAVE SIGNED &
SUBMITTED A WAIVER. (THIS IS MANDATORY TO
BE ABLE TO ATTEND.)

*2017/2018 WAIVER FORMS ARE AVIALABLE FOR DOWNLOAD FROM
THE CHURCH WEBSITE. THEY ARE VALID FOR ONE ENTIRE SCHOOL
YEAR.

Parent Signature: _____