SonSurf Beach Bash Registration Form

Name _____

Birthdate _____

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 _____

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