



2008 FRIENDSHIP TREK: JESUS OUR FOREVER FRIEND

Child's Name: _____ Birth Date: _____

Last Grade Completed: _____

Allergies/Medical Concerns: _____

Child's Name: _____ Birth Date: _____

Last Grade Completed: _____

Allergies/Medical Concerns: _____

Child's Name: _____ Birth Date: _____

Last Grade Completed: _____

Allergies/Medical Concerns: _____

Parent's Name: _____

Home Church: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact (Name and Relationship): _____

Name and Phone Number of Family Doctor: _____