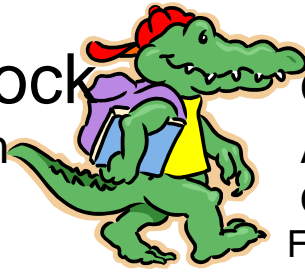


Crocodile Dock

Registration Form
(one per child)



Crew No. _____

Amt. Pd. _____

Cash Check # _____

For Church Use Only

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Last School Grade Completed _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail address _____

In case of emergency, contact:

_____ at (____) _____
(Name of contact) (Phone Number)

_____ at (____) _____
(Name of contact) (Phone Number)

Allergies or dietary restrictions _____

Medical concerns _____ Other concerns _____

T-shirt (Please circle your child's size)

| | | | | |
|-------|-------|--------|-------|---------|
| Child | 6-8 | 10-12 | 14-16 | |
| Adult | Small | Medium | Large | X-Large |

Name of a friend your child would like to be with _____

Home church if you have one _____

Please return this form to Living Hope Lutheran Church 21301 Pfeiffer Road Frankfort, IL 60423 by June 21, 2009 with payment of \$20.00 for one child or \$40.00 for two or more children from the same family. After June 21st remit \$25.00 for one child or \$50.00 for two or more children from the same family.