



SW Detroit ~ Centro Familiar Cristiano UMC
 Registration for Sat. October 7, 2017

Your Registration

**** - required information**

**** First/Last Name**

**** Email**

**** Affiliation** Church:

or Other Affiliation

**** Telephone:** Daytime: Mobile:

Address

City / State / Zip

**** My Age:** 18+ yr 12-17 yr 5-11 yr

**** Emergency Contact** **** Telephone:**

Physical Limitations

Food Limitations

----- If Age 18+ -----

Crew Leader I will be Crew Leader

My Skills

Tools I can bring

Supplies I can bring

Preferred Project Type

Serving Hands

Building Hands

Cleaning Hands

Feeding Hands

Register Others That Will Be Coming With You (Family or Church/Work Group)

If more than 5 others, please register them separately with another 'leader'.

** First Name	** Last Name	** Age (yr)	Your Child	Youth Group	Phys. Limit.	Food Limit.	** Emerg. Name	** Emerg. Phone
<input type="text"/>	<input type="text"/>	<input type="radio"/> 18+ <input type="radio"/> 12-18 <input type="radio"/> 5-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> 18+ <input type="radio"/> 12-18 <input type="radio"/> 5-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> 18+ <input type="radio"/> 12-18 <input type="radio"/> 5-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> 18+ <input type="radio"/> 12-18 <input type="radio"/> 5-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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