PURE & simple.

2010 DOVE Girls' Night Out

March 12 - 13

Student Registration Form

Registration Fee: $20.00
Make Checks Payable to Church of God of the Apostolic Faith (COGAF)
Please Mail Completed Form and Fee to: COGAF, P.O. Box 691745, Tulsa, OK 74169

Name _____ D.O.B. _____ Age _____
Address _____ City _____
State _____ Zip _____ Parents _____
Hm. Phone _____ Wk. or Cell Phone _____
Church Name _____ Sponsor _____

T-Shirt Size: S M L XL XXL (add $1.50) XXXL (add $2.00) please circle one

Emergency Information

If a parent or legal guardian is not available, in case of emergency, please contact:

Name _____ Relationship _____
Hm. Phone _____ Cell Phone _____
-or-
Name _____ Relationship _____
Hm. Phone _____ Cell Phone _____

Medical History

Physical or Mental Limitations? Yes No
If Yes, please list _____
Will any medications be accompanying your child? Yes No
If Yes, please list _____
Please list all medication allergies _____

Parent/Guardian Release

I hereby give permission for my child to attend and participate in all 2010 Girls' Night Out DOVE activities except as noted. I do not hold the DOVE staff, or The Church of God of the Apostolic Faith responsible for any personal or property loss. This Medical History is correct as far as I know. I further authorize the DOVE staff and/or designated medical/ professional officials or authorities to administer emergency medical assistance if I cannot be reached.

_____ _____
Parent/Guardian Signature Date