



Return forms
to the office.
Thank You!



Aug 2nd-6th. 8:45am-Noon ~ Final Concert Aug 6th @7pm

Student: _____ Grade Completed: _____ Allergies/Needs: _____

Student: _____ Grade Completed: _____ Allergies/Needs: _____

Student: _____ Grade Completed: _____ Allergies/Needs: _____

Student: _____ Grade Completed: _____ Allergies/Needs: _____

*3 Learning Teams
to choose from!*



*Live Worship Concert
on Friday Night!*

SWAT Student: _____ Grade: _____ Allergies/Needs: _____

Preferred SWAT Team: ___ Vocal (part _____), ___ Audio Visuals, ___ Band (playing _____)

SWAT Student: _____ Grade: _____ Allergies/Needs: _____

Preferred SWAT Team: ___ Vocal (part _____), ___ Audio Visuals, ___ Band (playing _____)

Parents/Guardian: _____ Contact Ph: _____

Address _____ City _____ Zip _____

Emergency Contact: _____ Ph: _____

Authorized Pickup: _____, _____, _____

Are you a member of this church? Yes No (circle one)

Guest of: _____

Do you attend church? Yes No (circle one)

If so, where? _____

Questions? Comments?

Do we have permission to photograph your child? Yes No (circle one)

Do we have permission to use your child's photo in church publications and media? Yes No (circle one)