



Registration Form

(Please complete a separate form for each youth attending)

TUESDAY EVENING YOUTH

6:30 – 8:30 PM

January 8th – June 18th, 2019

Youth's Name: _____ Grade: _____

Address: _____ Postal Code: _____

Birth date: _____ Gender: _____

Allergies/Medications/etc: _____
(use back if more space is required)

Parent/Guardian' Name(s): _____

Home phone: _____ Cell: _____

Email address: _____

Emergency Contact Name: _____

Home phone: _____ Cell: _____

Please Check:

I give my full permission for my son/daughter to attend the Tuesday Youth Gatherings at Byron United Church. I understand that there will be some Christian content in the program as well as inherent risk in physical sports and games.

Signature of parent/guardian: _____ Date: _____

Winter/Spring Registration: **\$50**
– confidential subsidies available upon request –

To reserve your spot, please return this registration form with payment
(cash or cheque payable to "Byron United Church")

Church office hours are Tuesday-Friday: 8:30-4:30
519-471-1250