



REGISTRATION 2019

(One per family)

Registration Forms must be submitted with the registration fee, of \$35, by August 27th to:

Seth Lenderman, 212 Kinkead St, Church Hill, TN 37642

Phone: 865-313-5020 Fax: 423-247-8321 Email: pastorseth@southview-lovegoes.org

Additional forms available at: etnazsdmi.com/shift

Parent/Legal Guardian Information

Father's Name (or Legal Guardian):			
Address:			
City:	State:	ZIP:	
Phone Number(s) Home:	Work:	Cell:	
Email:			

Mother's Name (or Legal Guardian):			
Address:			
City:	State:	ZIP:	
Phone Number(s) Home:	Work:	Cell:	
Email:			

Preteen's Information:

CIRCLE ONE

Name	Date of Birth	Grade	T-Shirt Size	other
			Y-LG A-SM A-MED A-LG A-XLG A-	
			Y-LG A-SM A-MED A-LG A-XLG A-	
			Y-LG A-SM A-MED A-LG A-XLG A-	

Please note anything you feel our staff needs to know about working with your preteen/ preteens. Thank you!

Parent's Name (Please print)

Parent's Signature

Date