

AVALANCHE RANCH FAMILY BIBLE WEEK
Glenview Evangelical Free Church
2 Shermer Road—Glenview IL 60025
847-724-7277

Registration Form—Return before June 12

Parent's Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone Number: _____ **Home Church** _____

Cell Phone # for Emergency: _____

Parents/Guardians: Please join us for our Adult Bible Study

Number of attending: _____

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1) Child's Name: _____

Age: _____ **School Year Just Completed:** _____

Any Allergies/Medical Condition: _____

Name of a special friend your child might like to be with: _____

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2) Child's Name: _____

Age: _____ **School Year Just Completed:** _____

Any Allergies/Medical Condition: _____

Name of a special friend your child might like to be with: _____

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3) Child's Name: _____

Age: _____ **School Year Just Completed:** _____

Any Allergies/Medical Condition: _____

Name of a special friend your child might like to be with: _____