



**2019 MPBC Centershot Archery Program**

**Registration and Emergency Contact Information**

**Please Print Clearly**

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female (circle one)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Are there any dietary limitations, allergies, current medications or current medical conditions you would like us to know about? Yes/No If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Cost of Program is \$20.00. Checks made payable to: Mt. Pleasant Baptist Church**

Office use: Paid date \_\_\_\_\_ Cash/Check \_\_\_\_\_