



# Rome Registration Form

(one per child)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Number of family members participating in Rome: \_\_\_\_\_

Will parents be helping in other areas of Rome? \_\_\_\_\_ Where? \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Home church: \_\_\_\_\_

Roman Family name (for church use only): \_\_\_\_\_

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