

Youth Rocks !! Registration Form

Welcome to Youth Rocks. We look forward to working, playing, and serving with you. Please complete the following form and return it to Valerie.

Youth Name:	
Address:	
City/Zip:	
Closest Crossroads:	
Home Phone:	
School and Grade:	
Birthdate:	
Youth E-mail:	
Youth Cell Phone:	

Parent(s)/Guardian(s):	
Address(if different):	
Home Phone:	
Parent/guardian e-mail:	
Parent/guardian cell:	
Parent/guardian e-mail:	
Parent/guardian cell:	

Have you been confirmed? _____

Do you have a job? _____ Where? _____

Dates of School Breaks:

Fall: _____
 Winter: _____
 Spring: _____
 Other: _____

Teams/Clubs/Extracurricular Activities: (we'd like to have your schedule so we can cheer you on!):
