



Registration Form

Name(s) and age(s): _____

Street address: _____

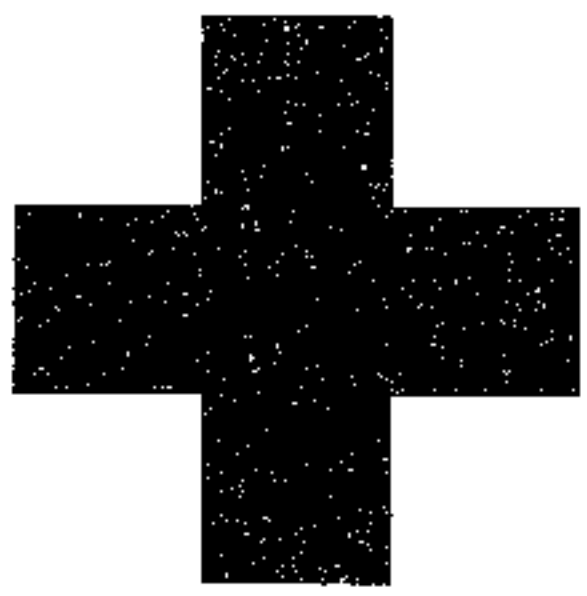
City: _____ State: _____ ZIP: _____

Home telephone: (____) _____ Cell phone: _____

Home e-mail address: _____

Number of family members participating in Hometown Nazareth: _____

Will parents be helping in other areas of Hometown Nazareth? _____ Where? _____



In case of emergency, contact: _____
Name and phone number

Allergies or other medical conditions: _____

Home church: _____

Tribe name (for church use only): _____

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