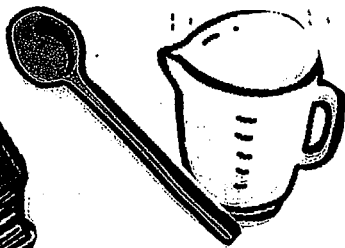
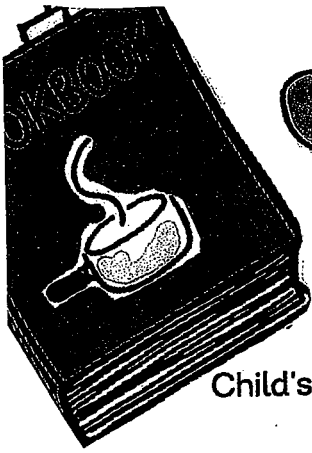


UBC Cooking Camp 2016 'Feeding The Faithful'



Registration Form (One Per Child)



Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

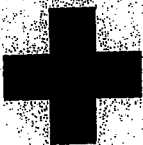
Parent/caregiver's cell phone: (_____) _____

Home email address: _____

Home church: _____

Team Assignment (For Instructor Use only) _____

Allergies or other medical conditions: _____



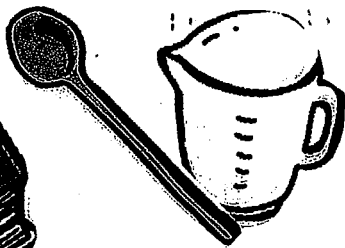
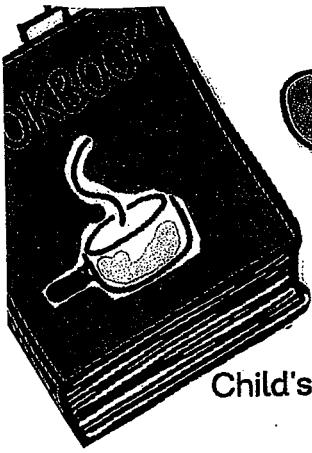
In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Any Dietary/ Food Restrictions or Sensitivities:

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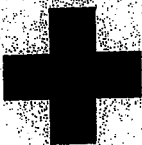
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