

Participants

Please complete for each participant and return to Metigoshe Ministries. Be sure to complete ALL information and print legibly. Make additional copies if necessary.

First Name _____ Last Name _____ Male or Female _____

Birthdate ____/____/____ Grade Next Fall _____ Father's First and Last Name _____

Mother's First and Last Name _____ Best Phone Number to Call _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address of Best Contact Person _____ Guardian Signature _____

First Name _____ Last Name _____ Male or Female _____

Birthdate ____/____/____ Grade Next Fall _____ Father's First and Last Name _____

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For Office Use Only - Date Received _____ Check # _____ Amount \$ _____

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