



Sparks Club Registration 2017-18



Child's name: _____ Circle: Boy or Girl

Birthdate: _____ Age: _____ Grade: _____

Parent/Guardian name(s): _____

Street Address: _____

City: _____ Zip Code: _____

Home #: _____ Cell #: _____

May We Text You? **Yes** **No**

Email: _____

For reminders, cancellations due to weather, etc.

Best way to contact you (circle one) - **phone** **text** **email**

Emergency name and phone: _____

(if we are unable to get in touch with you Wednesday night at the above contact numbers)

Home church: _____ Special needs/allergies: _____

Fees: First year in Sparks: **\$35** (includes vest) _____

2nd/3rd year in Sparks: **\$25** (child owns vest) _____

Payment schedule (check one): ___ *Pay in full*

___ *Pay in two installments (1/2 now and 1/2 in January)*

Photo Release: I/We authorize the use of photographs of my child for posting in the church, on the church's web site, and/or for promotional use: **Yes** ___ **No** ___ [SEP]

Signature of Parent/Guardian: _____

