

Girls Night Out!

2009-10 GIRLS' NIGHT OUT REGISTRATION FORM



FAMILY INFORMATION

Cost: \$35 per girl for the entire year!

Parents/Guardian: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____

Email address: _____

Church Affiliation: _____ Ross Road Community Church

_____ None, Other (please specify) _____



FIRST CHILD

Name: _____ Grade: _____

Birthday: (day) _____ (month) _____ (year) _____ Age: _____

Any medical concerns: _____

Medical Plan # _____

SECOND CHILD

Name: _____ Grade: _____

Birthday: (day) _____ (month) _____ (year) _____ Age: _____

Any medical concerns: _____

Medical Plan # _____

THIRD CHILD

Name: _____ Grade: _____

Birthday: (day) _____ (month) _____ (year) _____ Age: _____

Any medical concerns: _____

Medical Plan # _____

CONSENT FORM

I hereby give permission for my daughter(s), _____
to participate in the RRCC Girls' Night Out program and their special events and
outings during the club year.

(Signature)

(Date)

OFFICE USE: Registration Paid _____ \$