

Application and Class Registration Form
Summer School of Truth 2015, Alliance Redwoods
July 19-24

Name: _____ Phone: (____) _____ Bapt. Date: __/__/__

Male() Female () Age: _____ Grade (in Sep.): _____ Polo Shirt Adult Size: S [] M [] L [] XL []

Address: _____ City: _____ Zip: _____

Parent's Name: _____ Father () Mother () Daytime Phone: (____) _____

Home Phone: (____) _____ E-mail: _____

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Class Registration

This is my first year to attend Summer School of Truth () I am a returning student ()

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I have read and agree to abide by all rules of the Summer School of Truth 2014 and to positively contribute to the Summer School of Truth 2015. Failure to do so may result in suspension or dismissal from Summer School of Truth.

Student's signature: _____

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I give permission for my child to attend the Summer School of Truth and to participate in all of the activities prescribed. I also give permission for my child to receive any emergency medical treatment deemed necessary while attending and to take medication as prescribed in the event of a health emergency.

My child is currently taking the following medications: _____

My child is allergic to the following medications: _____

Health Insurance Company: _____ Policy # _____

Parent's Signature: _____ Date: _____

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Registration Fees

Class attendance from July 19-24

\$315.00

Make your check payable to the church in your locality.