

Church of the Resurrection

Registration form for youth CLC classes  
Beginning September 2009

Parent(s) name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Student \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Student \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Student \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Additional:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete this form and bring to Therese Stump.