

Mount Calvary Baptist Church

Rev. Elmore Garner, Pastor

Bro. Oscar Harmon, Sunday School Superintendent

2015 G4C Registration Forms

Girls 4 Christ

Registration: _____
Shirt Size: _____
Age: _____

G4C Participant Name: _____

Address: _____

G4C Contact Info. (if applicable): _____

Cell #

Do you receive Texts?

Email

Date of Birth: _____

Parental Information.

Parent or Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship to G4C Participant: _____

In case of Emergency.

I/We make every effort to provide a safe and secure environment for your child during workshop events. In case of an emergency, I/We will contact the parent listed above. I/We request the parent provide another contact (not living at the same address) that is authorized by the parent to act on his/her behalf should the parent not be available.

Emergency Contact Name: _____

Address: _____

Phone Number(s): _____

Relationship to G4C Participant: _____

Please Indicate. Please list any health conditions, allergies or diet/mental/physical restrictions that your child may have and medications that she may be using to treat this condition. Indicate if the child has your permission to take such medication while attending the event. You may also include the name of the hospital or doctor of your choice and their phone numbers.

Parent/Guardian Signature: _____ Date: _____



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"God is Faithful" Ephesians 3 / Philippians 4:6-7

Girls 4 Christ Mentoring Ministry

2015

G4C Participant Name: _____ Age: _____

Address: _____

Contact Phone Number: _____

Mom / Guardian Name & Number: _____

Dad / Guardian Name & Number: _____

Who is your Mentor? _____

What relationship is your Mentor to you? _____

Why is this person your Mentor? _____

G4C Participant: Shoe Size: _____ T-Shirt Size _____

Special medical needs/ Allergies: _____

Other pertinent information you would like us to know about your G4C girl: ie hobbies, likes, dislikes, what she do for fun: _____

Parent/Guardian Signature: _____