

Crossroads Event Registration

NAME OF EVENT _____ Todays Date _____

CONTACT INFORMATION

First Name _____ Last Name _____

Mailing Address: _____

City _____ State ____ Zip _____ Preferred Phone # _____

Email Address _____

CHILDCARE INFORMATION

Will you need childcare if it is available? ___ Yes ___ No

If "yes," please list the names and ages of children you would like to register:

Name _____ Age _____ or Grade _____

Name _____ Age _____ or Grade _____

Name _____ Age _____ or Grade _____

Name _____ Age _____ or Grade _____

REGISTRATION FEE *(if applicable)*

Amount Event of Fee: _____

Amount Paid: _____ Paid by: ___ Cash
___ Check # _____
___ Electronically

Payment received by: _____