

**UNDO CHALLENGE REGISTRATION ~ June 28– July 3, 2010 ~ PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Participant email \_\_\_\_\_

If possible, I would love to room with (\*\*room requests are not guaranteed!) : \_\_\_\_\_

Parent's Permission: I give permission for \_\_\_\_\_ to attend Challenge 2010 from June 27—July 4, 2010 with Maple Grove Evangelical Free Church. In the event of an emergency, I authorize the necessary medical treatment for my child. By signing this form, I agree to pay \$600 to MGEFC by June 17, 2010. (Payment schedule on reverse side).

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use: Deposit Date \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Fundraising Money Applied/Event \_\_\_\_\_ Date \_\_\_\_\_

2nd Payment \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Balance Paid \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Medical Forms