



Confirmation registration form for year 2008-09, this will be kept on file in confidence, and will not be shared with anybody else.

Confirmand Information	
Full name	
Nickname	
Home address	
City, State, & Zip	
Home phone	
Mobile phone	
Home e-mail address	
Birthday (MM/DD/YYYY)	
School Name and Phone	
Sports or Other programs involved with and the regular times they meet	
Parent Contact Information	
Names	
Address (If same indicate as "same")	
City, State, & Zip	
Email	
Phone	
Mobile	
I hereby give permission to attend all fellowship, and servant event trips that are at and away from church.	<hr/> (Signature)
Emergency and Medical Information	
In case of emergency, contact	
Emergency contact's address	
Emergency contact's phone	
Doctor's name	
Doctor's phone	
Medical insurance carrier and member number	
Blood type	
Known medical conditions	
Known food or other allergies	