



First United Methodist Church
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Jackson, TN 38301

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For Office Use Only	
Date	Payment
_____	_____
_____	_____
_____	_____
_____	_____

Event Registration Form

Event(s) I am registering for: _____

Participant's Information:

Name: _____ Birth date: _____

Mailing Address & zip code: _____

Phone Number: _____ Youth Email Address: _____

School: _____ Grade: _____

If you're a visitor, who invited you? _____

Parent Information:

Father's Name: _____ Mother's Name: _____

Work Number: _____ Work Number: _____

Cell Number: _____ Cell Number: _____

Email Address: _____ Email Address: _____

Other Contact Number: _____

Emergency Contact and phone number (other than parents): _____
