



Easter Eggstravaganza 2011

PLEASE PRINT.
FILL OUT.
BRING TO EVENT.

CENTERPOINTE CHURCH EASTER EGGSTRAVAGANZA 2011 REGISTRATION FORM

Child name _____

Boy

Girl

child age _____

Child name _____

Boy

Girl

child age _____

Phone number _____

Address _____

Parent(s) name _____

E-mail address _____

Are you a guest **or** a regular attendee at centerpointe? _____

Do you have a church home? _____

Waiver

I understand that I am taking full responsibility for my actions and those actions of any child(ren) I have registered for this event and assume all risks that go with my participation and the participation of those I have registered. I do release Centerpointe Church at Fair Oaks, its staff and volunteers from liability for accidents or injuries suffered by my participation and the participation of any child(ren) I have registered in this event.

Parent Signature _____

Date _____