

# Registration Form



**God Gives Us the Victory!**  
**Bible Soccer Camp Registration**

**When:** July 16<sup>th</sup> – 18<sup>th</sup>

**Where:** Good Shepherd Lutheran Church

**Time:** 5:30 – 7:30 PM

**Parent(s) name:**

**Address:**

**Home Phone:**

**Cell Phone:**

**Emergency contact:**

**Child name(s):**

**Entering grade:**

**Entering grade:**

**Entering grade:**

**Entering grade:**

**Entering grade:**

T-Shirt Sizes (*please place a number next to the sizes needed for the child being registered*)

YS \_\_\_\_ YM \_\_\_\_ YL \_\_\_\_ AS \_\_\_\_ AM \_\_\_\_ AL \_\_\_\_

**Does your child have any allergies or medical conditions? Please explain them here:**

*Contact Principal Busch for any questions:*

**Office Phone:** (810) 742-1131

**Email:** [goodshepherd.les@gmail.com](mailto:goodshepherd.les@gmail.com)