



**First Baptist Church of District Heights  
Dr. Robert A. Manning, Senior Pastor**

**Event Registration**

PARTICIPANT'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT(S)/GUARDIAN NAME(S) \_\_\_\_\_

PHONE \_\_\_\_\_

WORK PHONE(S)/ CELL PHONE(S) \_\_\_\_\_ / \_\_\_\_\_

I hereby give permission for our (my) child(ren):

\_\_\_\_\_  
\_\_\_\_\_

("Participant"), to attend and participate in the Children and Youth Department's Event sponsored by First Baptist Church of District Heights on \_\_\_\_\_.

We will travel by \_\_\_\_\_, with approved staff and volunteers, to the event location and back to First Baptist Church of District Heights. We will **leave promptly on** \_\_\_\_\_ at \_\_\_\_\_ AM/PM and **return** approximately on \_\_\_\_\_ at \_\_\_\_\_ AM/PM.

The Registration Fee is \_\_\_\_\_ per person, non-refundable! \*\*\* NOTE: All Registration Forms and fees are due by the deadline of \_\_\_\_\_. **No exceptions**  
Make checks or Money Orders payable to : FBCDH. You can also pay by cash. Make a copy of this form for your receipt and turn in this Registration Form along with the fee to

\_\_\_\_\_ by \_\_\_\_\_, \_\_\_\_\_.



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**Dr. Robert A. Manning, Senior Pastor**

**I have submitted the Children and Youth Department Universal Permission Form for the period of October 1, \_\_\_\_\_ to September 30, \_\_\_\_\_.**

I, \_\_\_\_\_, will be attending as a chaperon with my child(ren).

Total number of children attending: \_\_\_\_\_

Total number of attendants from my family \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Date: \_\_\_\_\_ MO/Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Cash: \_\_\_\_\_

Parent/Guardian Signatures \_\_\_\_\_ Date: \_\_\_\_\_