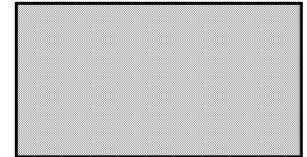




Avalon Missionary Church - Student Ministry

Activity Registration/Payment

Please complete **ALL** information below! **Use one envelope per youth!**



Activity _____ Date of Activity _____

Amount enclosed _____ Grade _____

Youth Name _____ Youth email address _____

{Guest of _____} for visitors only

My signature authorizes my child to participate in the above activity subject to the terms of the current release form he/she has on file with the Avalon Missionary Church Student Ministry.

Guardian's Signature _____ Date _____

Guardian's Relationship to Youth _____

Home Phone _____

Avalon Missionary Church
1500 Lower Huntington Rd
Ft. Wayne, IN 46819
747-1531

peicher@avalonmissionarychurch.com
www.avalonmissionarychurch.com

