

# REGISTRATION

GO

2

3

D NOW

5

STUDENT'S NAME

PHONE #

GRADE

MALE/FEMALE

T-SHIRT SIZE (ADULT SIZES)

PARENT'S EMAIL

STUDENT'S EMAIL

LIST 2 FRIENDS TO BE IN YOUR GROUP\*

*\*We do our best to place you with one of the friends you listed*

I authorize Hebron Student Ministry to provide the following over the counter pain reliever medications to my student, while at D NOW as necessary:

Tylenol  Advil

If my student makes a decision to be baptized, I give HBC permission:

Yes  No *(parent should initial selection)*

**COST**

**\$45** JAN | **\$55** FEB | **\$65** MAR

CASH

CHECK

CHECK #

**HSM**

hebronstudentministry