



# High Seas Expedition Registration Form

(one child per form)

Child's Name: \_\_\_\_\_ M or F (circle one)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last school grade completed: \_\_\_\_\_

Will your child attend all 5 evenings? \_\_\_\_\_

If not, mark the dates he/she WILL attend:

July 12th: \_\_\_\_ July 13th: \_\_\_\_ July 14th: \_\_\_\_ July 15th: \_\_\_\_ July 16th: \_\_\_\_

Name one sailing buddy that your child would like to be in a crew with:

\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

In Case of Emergency, Contact: \_\_\_\_\_

Who will be picking up your child?: \_\_\_\_\_

Home Church: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

\*Please provide an alternate snack if your child cannot eat the provided snack.\*