



## Event Registration Form

Please fill out the following information and send to Jason Roberts, Minister to Students. This form can be faxed to 770.720.1993 or mailed to Mt. Zion Baptist Church, 4096 East Cherokee Drive, Canton, GA 30115. If we do not have a current Medical Release form (new one every year) on file for your child, please include one along with this registration form.

Event: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

E-mail Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Registration is not complete until payment for the event is received.** Please provide a check made out to Mt. Zion Baptist Church for the amount appropriate for the event. Please include event name in the memo portion of your payment.