## ONWARD BOUND PROGRAM REGISTRATION 2014-2015

Name:(Please Print - Last	First	Middle
as will appear on certificate)	2.200	1/144410
Address:		
Street	City	Zip
Phone: (Home)	•	
(Mom Wk or Cell)		
Child's email address:		
Birthday:		No
mo/day/yr	·	
School:	Grade:	_
Parent's Name(s):		
	and Last Names)	
(2.1100.11	(For Office Use Onl	y)
	Amount Paid Check	
Fee: 7th & 8th Grade - \$140.00		
(I	Fill out Reverse Side)	
KNOWN ALLERGIES:		
D. A.N.		
Parent Name:		
I authorize members of the O or authorize emergency medi		inister first aid
(Parent Signat	ure)	
Check this box if you <b>DO NOT</b> publication (newsletter, web, et		n) used in any church
Insurance Carrier:	Policy	No
Parent's email address:		
Emergency/Cell or Pager #		