

Hero HeadQuarters Registration Form

Name _____

Date of Birth _____ Grade Completed _____ Age _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Emergency Contact Name and Number _____

Special Needs/Allergies _____

Is there a special friend your child would like to be with?

Class/Crew Assignment
(completed by church)

Transportation needed:

yes no



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