

**BISHOP CLAGGETT CENTER
REGISTRATION FORM**

Please print the information on this form and mail it with your non-refundable deposit to:

Bishop Claggett Center
P.O. Box 40
Buckeystown, Md. 21717

EVENT REGISTERING FOR: _____

DATE OF EVENT: _____

NAME: _____

ADDRESS: _____

(Street Address)

(City)

(State)

(ZIP Code)

PHONE NUMBERS: _____

(Home Phone)

(Work Phone)

(Cell Phone)

E-MAIL ADDRESS: _____

DENOMINATION: _____

CHURCH NAME/LOCATION: _____

GENDER (Male or Female): _____ ROOMMATE PREFERENCE: _____

FIRST TIME AT CLAGGETT? _____

HOW DID YOU HEAR ABOUT US? _____

If registering for a youth event, please complete the following also:

BIRTHDATE: _____ AGE _____ GRADE (2007-2008 school year): _____

T-shirt Size: Children's S M L Adult S M L XL XXL XXXL

PARENTS' E-MAIL ADDRESS: _____

SIGNATURE OF PARENT/GUARDIAN: _____

(Signature also indicates permission for photos & videos of participants to be used in publications)

DATE: _____

