

First Baptist Church
626 W. Olive St.
Rogers, AR 72756



Office: 636—3451
Fax: 621—8665
Online at:
www.fbcrogers.org

EVENT/ACTIVITY REGISTRATION FORM

Please complete the information below, seal your money inside. Return this to the church office or a student drop box.

Activity/Event: _____ Today's Date _____
Student Name _____ Grade _____ Gender: M F Home Phone _____
Email address _____
Event/Activity Cost \$ _____ Cash Check Amount Enclosed \$ _____

(Major Events Only)

Address _____ Age: _____
Street City State Zip
Birthday: _____ T-Shirt Size: Small Med Lg XL XXL Have you filled out a medical release form this year? YES NO
2 friends you want to be with: _____
Parents Name: _____ Work Phone: _____
Emergency contact (other than parent) : _____ Phone: _____