

Fall Youth Club Registration Form

Child's Name &
Birthdate _____

Parent's Name (s) _____

Address _____

Telephone # H _____ C _____ Text ok? Y N

Email _____

Youth Club is blessed to have parent volunteers. If you are able, please volunteer to help 2 Saturdays. We know you will enjoy meeting other parents and have fun whether helping with lunch, crafts or cleaning up!

Volunteer to help with Youth Club (please circle dates you are available to help)

9/15 09/22 09/29 10/13 10/27 11/06 11/20

Please send registration forms to: Trinity Evangelical Lutheran Church
PO Box 1056
Rocky Point, NY 11778

Registration Fee enclosed \$ _____ *Thank you!*