



## Parent | Leader Registration Form

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of Students in Group: \_\_\_\_\_

Number of Leaders in Group: \_\_\_\_\_

*Plan to be with your youth during the duration of the Preview activities. We greatly appreciate your participation.*

## Emergency Contact Information

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Payment Information

Check No.: \_\_\_\_\_ (Make Checks Payable To: Life Pacific College; Memo: Preview)

Credit Card ( Visa  AmEx  MC  Discv)

Card No.: \_\_\_\_\_ Exp Date: \_\_\_\_\_ (Incl. Mo/Yr)

3 Digit Security Code: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

**Sign all Forms and Mail To:**

Life Pacific College

Attn: Office of College Relations

1100 West Covina Boulevard, San Dimas, CA 91773