

# 2019 Adult Summer Stretch Registration Form

Please print:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Event: **Adult Summer Stretch**

Dates: **Tuesday, June 4<sup>th</sup> - Tuesday, June 11<sup>th</sup> - Tuesday, June 18<sup>th</sup>**  
**Meet at 9:00 a.m. at church**

I agree to cover all my own costs for the social activities associated with participation in Adult Summer Stretch \_\_\_\_\_ (Please sign)

Please list allergies, medications or special concerns that you want the coordinator to be aware of for participation in this event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency please contact:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Physician's name \_\_\_\_\_

Clinic \_\_\_\_\_ Clinic Phone # \_\_\_\_\_