

# ***Slavic Full Gospel Church***

## ***Summer workshops Registration Form***

Event Name: ***My purpose Summer Workshops***

Event Date: ***Every Tuesday and Thursday from 9:30 AM to 1:00 PM***  
***(June 17,19,24,26. July 1,3,8,10,15,17,22,24.)***

Event Location: ***300 N Highland Ave, Tarpon Springs, FL 34688***

### ***Child's Information***

Full Name	
Date of Birth (MM/DD/YYYY)	
Age	
Address	Street: _____ City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
Allergies (food, medicine, etc.)	<input type="checkbox"/> Yes (Please specify): _____ <input type="checkbox"/> No
Medical Conditions or special needs	<input type="checkbox"/> Yes (Please specify): _____ <input type="checkbox"/> No

### ***Parent's/Legal Guardian's Information #1***

Full Name	
E-mail address	
Phone Number	

### ***Parent/Guardian Information #2***

Full Name	
Phone Number	

**Very important: Please make sure your child  
has a lunch box and a water  
bottle every day at camp.**

***Registration Fee: \$35.00***

***Sign***

for additional questions contact 727-637-3362