



# Rome Registration Form (Participant)

(one per child)

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

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

City: \_\_\_\_\_ PC: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_ Cellphone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Home church: \_\_\_\_\_

Name of a special friend your child might like to be with: \_\_\_\_\_