

# EVENT REGISTRATION FORM

## JACKSON MEMORIAL BAPTIST CHURCH

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## EVENT INFO

Event Name \_\_\_\_\_

Event Date \_\_\_\_\_

## PARTICIPANT(S) INFO

Name \_\_\_\_\_

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

Email \_\_\_\_\_

Childcare needed?  YES  No  Maybe

Age(s) of child/children \_\_\_\_\_