



# UNITED METHODIST CHURCH OF GILBERT

## YOUTH REGISTRATION FORM

Full Name of Youth: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_

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

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

Parent/Guardian 1 Phone Number: \_\_\_\_\_

Emergency Phone Number & Name: \_\_\_\_\_

E-mail Address for Parent/Guardian 1: \_\_\_\_\_

Phone Number for Parent/Guardian 2: \_\_\_\_\_

Email Address for Parent/Guardian 2: \_\_\_\_\_

E-mail Address for Youth (if applicable) : \_\_\_\_\_

Favorite Movies: \_\_\_\_\_

Favorite Music/Bands: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Favorite Hang-Out Spots: \_\_\_\_\_

Favorite Hobbies: \_\_\_\_\_

What do you do like to do with your free time? \_\_\_\_\_

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