





# Summer Stretch Registration Form

Name \_\_\_\_\_ 2017-18 Grade (circle) 5 6 7 8

Parents E-mail (for updates/reminders during Summer Stretch) \_\_\_\_\_

T-shirt Size: (circle one) S M L XL XXL (adult sizes)

Church I am registering with: (circle one) Our Saviour's SEAS St. John the Baptist St. Joseph

St. Philip's Resurrection Methodist Other \_\_\_\_\_

Summer Stretch fee is \$125

I plan to attend Summer Stretch on these days: (circle)

7/18 7/25 8/1 8/8(Valleyfair)

I would like to be placed in a small group with (we will do our best to accommodate requests):

Friend #1 \_\_\_\_\_ Friend #2 \_\_\_\_\_

## Parents:

We require parents to volunteer for at least one day of Summer Stretch  
Please indicate which day(s) you are able to chaperone:

7/18 7/25 8/1 8/8(Valleyfair)

**Note:** We require all volunteers to complete a background check, Virtus-safe environment awareness training, and sign a Code of Conduct. Information will be sent upon receipt of registration.

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Mariah Smith 651-437-4254 x237 [msmith@seasparish.org](mailto:msmith@seasparish.org)

**Registration/Consent forms and payment are due June 15, 2018**

(make checks payable to St. Elizabeth Ann Seton)

PHOTO RELEASE: I authorize that my son/daughter may have his/her picture taken at ministry events for potential use in promotional material. I understand these photos may be put on the internet or appear in printed materials. Initials: \_\_\_\_\_ Comment \_\_\_\_\_

(over)