

**COLLEGE MINISTRY REGISTRATION - 2024 to 2025**

<b>STUDENT'S FULL NAME:</b>		<b>FOOD ALLERGIES</b>
<i>(First)</i>	<i>(Last)</i>	<i>(List allergies if any)</i>
<b>SCHOOL:</b>		<b>CLASS YEAR:</b>
<i>(School Name)</i>		Freshman      Sophomore Junior            Senior <i>(Circle One)</i>
<b>COMPLETE MAILING ADDRESS:</b>		
<i>(Street Number and Name)*</i>		
<i>( Apartment Number)</i>		
<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>

***\*If staying in a dorm, please enter the mail room address, not the dorm address.***

=====  
 If someone other than student is signing up on their behalf, please complete:  
 =====

**PARENT/SPONSOR INFORMATION:**

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

Telephone Number: \_\_\_\_\_/E-Mail \_\_\_\_\_

If you are a parent or sponsor, we ask that you participate if you are able. Please circle one or more ways you would be willing to assist:

Donating items    Donating financially    Assembling    Transportation    Prayer

=====  
 Any messages, suggestions, etc. for the team - please write below or on the back.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_