



SPECIAL FRIENDS REGISTRATION FORM

(One per student)

Fill out completely and turn in to FBC
Tallahsee Office by Sunday, May 28th

JUNE 5-8

6pm-8pm

Student's Name _____ Gender _____

Student's age _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home # _____ Cell # _____

Home Church _____

Allergies or other Medical Conditions _____

In Case of Emergency, Contact _____

Phone # _____ Parent or Guardian _____

Need Transportation Yes or No (please circle one)