

RADICAL Rehab

July 17th, 2010
Adult & Teen Registration

Name _____ Date ____ / ____ /10

Address _____

Phone Home (____) _____ Cell (____) _____

E-Mail _____

Local Church _____

Job Skills _____

Emergency Contact Information (while on job site)

Contact Name _____

Contact Phone (____) _____ Relationship _____

Applicant Signature _____

For participants less than 18 years of age the following information is needed to waive liability and authorize medical treatment recommended by appropriate medical personnel.

Parent/Guardian Signature _____

Insured by _____

Policy # _____

Registration Fees are Adults \$30, Teens \$15 - Family limit \$90
(limit includes participants in Sew & Sews and Children - \$5 each)

Make checks payable to: CENTRAL OHIO DISTRICT NMI

Send registration form and check by Leah J. Stoll
July 10th to: PO Box 198
Sunbury, OH 43074-0198

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