

# 30 Hour Famine Registration Form

February 26-27

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

Parent Phone: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

Payment:

Registration Payment

Raise at least \$30

or

Pay \$30 at the door

I agree to abide by all guidelines set forth by my group leader, volunteers and the shelters we, as a group, will serve.

\_\_\_\_\_  
Signature of Group Participant

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Parent Day Phone

\_\_\_\_\_  
Student Email

\_\_\_\_\_  
Parent Email