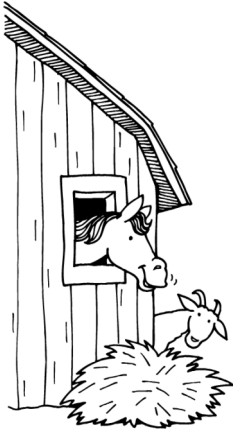


SonHarvest County Fair

SonHarvest Registrations Form
August 1-5, 2011



Name _____

Age _____ Date of Birth _____

Last Grade Completed _____

Parent/Guardian _____

Address _____

City _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

Emergency Contact Name and Number

Home Church _____

Special Needs/Allergies _____

Is there a special friend your child would like to be with?

Group number or name (for church use only): _____

