Rock The Universe Registration

Jan 26th-28th, 2024

Student Name: Street Address			Birth date: Student Primary Phone Number:	
City, State & Zip:			Email or Text Number:	
Payment Type	Cash:	Check:	Online:	
- Continen - Lunches, - Separate - Travel with Universal location We will be Universal. I give potential the	Dinners and snacks in sleeping quarters for I III be between the pick I Studios Resort and be staying in the Caba I Studios. ermission for my child give permission for a	Boys and Girls a-up location and the ack to the pick up na Bay Resort at d (named above) to attend	Packing List: - Bible - Toothbrush and Toothpaste Products - Sleeping Clothes - Relax fit clothing that can g - Modest Bathing Suit - Comfortable walking shoes sneakers	get wet on rides. , preferably sock and with as noted:
Signature of Parent or Legal Guardian Print			d name of Parent or Guardian	Date
^p arent(s)/Guardiar	<u>ı(s)</u>	EMERGENCY CONT	ACT INFORMATION	
	Name(s)		Parent(s)/Guardian(s) Primary Phone Number	
Street Address			Parent(s)/Guardian(s) Secondary Phone Number	
City	State	Zip	Parent(s)/Guardian(s) E	mail address
		Other Emerger		
Name:			Phone:	_
Relationship:				