

Lakeshore Church Youth Group

Youth Name: _____

Street Address: _____

City/Zip _____

Parent/Guardian Name: _____

Cell # (Main Contact): _____

Parent/Guardian Name: _____

Cell (secondary contact) #: _____

Email : _____

Permission to text/e-mail youth directly: YES/NO

Parent Signature on permission: _____

Youth Cell #: _____

Youth E-mail: _____

Birthday: _____

School/Grade: _____

Hobbies/Sports/Likes: _____
