



ALL SOULS INTERFAITH GATHERING

Children & Teen Program Registration Form

K-3rd Grade

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4th-6th Grade

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7th Grade & up

Child/Teen Name(s): _____ Grade: _____
 _____ Grade: _____
 _____ Grade: _____
 _____ Grade: _____

Parent or Guardian Contact Information (Please Print)

Name: _____
 Name: _____
 Address: _____

 Phone: _____
 *Email: _____

** Email is the preferred method of communication*

Parent volunteers are essential to the continued success of the All Souls' Children and Teen Programs. Are you interested in volunteering in some way to support our youth programs?:

Yes – Children's Program Yes – Teen Program No thank you

Thank you for your interest in the children/teen program(s)! Please return this form to:

All Souls Interfaith Gathering
 c/o Lisa Desmond
 P.O. Box 309
 Shelburne, VT 05482