

Baobab Blast Registration Form

(Please print all information)

Child's Name _____

Birth Date _____ Last Grade Completed _____

Known allergies/other medical concerns _____

Please list food allergies _____

Parent's name _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

Emergency contact person and phone number _____

Is there a home church? If so, what denomination? _____