



REGISTRATION FORM

2020 GOSPEL WORKSHOP CHILD PARTICIPANT INFORMATION

First Name:	
Last Name:	
Address:	
Contact Number:	
E-mail:	
Birthday:	
Name of School:	
Parent/ Guardian Name:	
Race/ Ethnicity (you can check more than one):	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Latinx/ Hispanic <input type="checkbox"/> Other
T-shirt size:	<input type="checkbox"/> Extra Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL
Please list any special artistic talent that your child has (<i>eg., singing</i>) If none, please put "N/A."	

Signature of Parent/ Guardian

By signing this form, you are granting your child permission to be included in photography and videography for the purpose of positive exposure of the Perfecting Gifts Inc program.