



Christmas in Reverse Registration Form

Name _____ Gender _____

Grade _____ Birthday _____

Address _____

City _____ Zip _____

Child's e-mail _____

Parent(s) e-mail _____

Mother _____ Phone _____

Workplace _____ Phone _____

Father _____ Phone _____

Workplace _____ Phone _____

Allergies/Medical needs _____

T-shirt size _____ Height _____

I am especially interested in:

solos

speaking parts

group singing

dancing

instruments, such as, _____