



Volunteer Registration Form

Week of Wonder

June 7th-11th, 2010

9:00 AM—12:00 PM

Please fill out one form per family, making sure to provide all medical information and T-Shirt size for each volunteer .

Parents' Names: _____
 Address: _____ City: _____ Zip Code _____
 Email: _____ Home Phone: _____ Cell: _____
 In case of emergency, contact _____ Phone: _____

I understand that, in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary.

Signature: _____ Date: _____

Youth Leaders/ Adult Volunteers

Name _____		Date of Birth ___/___/___		M / F		Grade (Fall 2009) _____	
Phone _____		Email _____					
Allergies/ Medical Issues _____							
Physician _____				Physician's Phone _____			
T-Shirt Size: YOUTH		S M L		ADULT		S M L XL	
Member of the Cathedral of St. Philip? Y / N							
I am most interested in: <input type="checkbox"/> Mini-WOW <input type="checkbox"/> Preschool WOW <input type="checkbox"/> Elementary WOW <input type="checkbox"/> Service Squad							
<input type="checkbox"/> Small group leader <input type="checkbox"/> Activity leader <input type="checkbox"/> Decorations <input type="checkbox"/> Music <input type="checkbox"/> _____							

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Phone _____		Email _____					
Allergies/Medical Issues _____							
Physician _____				Physician's Phone _____			
T-Shirt Size: YOUTH		S M L		ADULT		S M L XL	
Member of the Cathedral of St. Philip? Y / N							
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Please return this form to:
 Amanda Stephenson 2744 Peachtree Rd NW Atlanta, GA 30305