COLLEGE MINISTRY REGISTRATION - 2023 to 2024

Email the completed registration to office@fumcmb.org.

STUDENT'S FULL NAME:		FOOD ALLERGIES				
(First)	(Last)	(List allergies if any)				
SCHOOL:		CLASS YEAR:				
		Freshman Sophomor	e			
		Junior Senior				
(School Name)		Check One)				
COMPLETE MAILING ADDRESS:						
(Streat Number and Name)*						
(Street Number and Name)* (Apartment Number)						
(City)	(State)	(Zip Code)				

*If staying in a dorm, please enter the mail room address, not the dorm address.

If someone other than student is signing up on their behalf, please complete:

PARENT/SPONSOR INFORMATION:

Name: _____

Telephone Number: _____/E-Mail_____

If you are a parent or sponsor, we ask that you participate if you are able. Please check one or more ways you would be willing to assist:

Donating items	Donating financially	Assembling	Transportation	Prayer		
				========		
Any messages, suggestions, etc. for the team - please write below or on the back.						