

***Registration is to be completed by Parent/Guardian—Detach and Return with Payment**

Student's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Grade: _____ Gender: Male Female

Invited By: _____ First Time at CRAVE Event: Yes No

***A COMPLETED AND SIGNED 2015-2016 PERMISSION & RELEASE FORM MUST BE ON FILE FOR STUDENT TO PARTICIPATE IN ACTIVITIES. IF YOU HAVE NOT YET TURNED ONE IN, YOU CAN PICK ONE UP IN THE SEC ACTIVITY CENTER OR PRINT ONE FROM OUR WEBSITE:**

<http://www.salemec.com/ministries/mid-high>



Return to SEC Youth Pastor or mail to: SEC: CRAVE Mid-High Ministry, 455 Locust St. NE Salem, OR 97301

Office Use Only: Cash _____ Check # _____ Date Received _____ By _____