



**AFRICAN SAFARI REGISTRATION**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES    NO    I give my permission for my child's photo to appear in/on publications, newsletters, church bulletin boards and the church Facebook page.