

Cardboard City 2017 Registration Form Information:

Photography Release: I am informed that there will be media on site during this event and I give my permission to be filmed and/or photographed_____ (initial).

Please note – if you do not want to be photographed we cannot guarantee that you will not appear on film if you do choose to remain at the event. Please talk to us regarding any concerns you have regarding filming and or photography.

Name _____

Mailing Address _____
(include zip code)

Email Address _____

Telephone Number _____

(For the following questions – please write yes...or no...)

I would like Family Promise newsletters emailed to me _____

I would like information on how to donate to FPMC _____

I would like to volunteer at FPMC _____

I would like to volunteer professional assistance as a board member of FPMC _____

In the event of my illness or an emergency...I would like the following person/persons notified:

I have the following medical conditions that you should be aware of:

Family Promise of Monmouth County cannot be responsible for lost or stolen items that you bring to the event tonight.

By signing this registration form I also acknowledge that I will not hold Family Promise of Monmouth County and Monmouth Church of Christ responsible for accidents and or injury caused by my own actions.

Signature of Attendee

Date

Signature of Parent (if attendee is a minor)

Date

This information will not be shared with others.