

Participant Registration



Antioch Baptist Church
1707 White Cross Road
Chapel Hill, North Carolina 27516
Phone: 919-929-2230
Email: admin@abccommunity.com
Website: http://abccommunity.com

- Dates:
Sunday - 09/15/2024 - 4:00 PM - 5:30 PM
Sunday - 09/22/2024 - 4:00 PM - 5:30 PM
Sunday - 09/29/2024 - 4:00 PM - 5:30 PM
Sunday - 10/06/2024 - 4:00 PM - 5:30 PM
Sunday - 10/13/2024 - 4:00 PM - 5:30 PM
Sunday - 10/20/2024 - 4:00 PM - 5:30 PM
Sunday - 10/27/2024 - 4:00 PM - 5:30 PM
Sunday - 11/03/2024 - 4:00 PM - 5:30 PM
Sunday - 11/10/2024 - 4:00 PM - 5:30 PM
Sunday - 11/17/2024 - 4:00 PM - 5:30 PM
Sunday - 11/24/2024 - 4:00 PM - 5:30 PM
Sunday - 01/05/2025 - 4:00 PM - 5:30 PM
Sunday - 01/12/2025 - 4:00 PM - 5:30 PM
Sunday - 01/19/2025 - 4:00 PM - 5:30 PM
Sunday - 01/26/2025 - 4:00 PM - 5:30 PM
Sunday - 02/02/2025 - 4:00 PM - 5:30 PM
Sunday - 02/09/2025 - 4:00 PM - 5:30 PM
Sunday - 02/16/2025 - 4:00 PM - 5:30 PM
Sunday - 02/23/2025 - 4:00 PM - 5:30 PM
Sunday - 03/02/2025 - 4:00 PM - 5:30 PM
Sunday - 03/09/2025 - 4:00 PM - 5:30 PM
Sunday - 03/16/2025 - 4:00 PM - 5:30 PM
Sunday - 03/23/2025 - 4:00 PM - 5:30 PM
Sunday - 03/30/2025 - 4:00 PM - 5:30 PM
Sunday - 04/06/2025 - 4:00 PM - 5:30 PM
Sunday - 04/13/2025 - 4:00 PM - 5:30 PM
Sunday - 04/27/2025 - 4:00 PM - 5:30 PM

*Participant's First Name: _____

*Participant's Last Name: _____

*Parent/Guardian Name: _____

*Address: _____

*City: _____

*State: _____

*Zip: _____

Primary Phone: (____) ____ - ____

Work Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

Email: _____

*Birthday: _____

*Last Grade Completed: _____

Allergies, Medical, & Special Needs:

[Empty rectangular box for allergies, medical, and special needs]

*Emergency Contact Name (1): _____

*Emergency Contact Phone (1): (____) ____ - ____

Emergency Contact Name (2): _____

Emergency Contact Phone (2): (____) ____ - ____

*Authorized Pickup #1: _____

Authorized Pickup #2: _____

Authorized Pickup #3: _____

Are you a member of this church?: Yes No (circle one)

Guest of: _____

Do you attend Church?: Yes No (circle one)

If so, where?: _____

May we have permission to photograph your child?: Yes No (circle one)

May we have permission to use your child's photograph in church publications?: Yes No (circle one)

T-Shirt Size: _____

Comments:

[Empty rectangular box for comments]

Gender: Male Female (circle one)