

March 7, 5-7pm @ CUMC Bring eye protection, Nerf gun that works with darts only, and a friend or two!

## For Grades 3-5

## **Kid's Information:**

Name:	Birthday:		
Gender:	_ Grade:		
Home Address:	City:	State:	Zip:
Parent/Guardian Information:			
Name:			
Home Phone:	Cell Phor	ne:	
Email:			
l,		give perm	nission for my child,
		to participate in <b>Ca</b>	rlisle UMC Kids'
<b>Preteen Nerf Night on March 7, 20</b> I will not hold Carlisle UMC, or any re in an event of injury. Further, I agree gency medical treatment. Please list any special medical infor	epresentative associatec e to accept any and all fi	nancial responsibilit	5 1

Parent/Guard	ian	Signature:
	Iun	Jighatare.

Date: \_\_\_

## **LIVE LIKE JESUS**