

KRYSTAL BELLS REGISTRATION

Ages 4-10

Member's Name _____

Grade _____ Birthday _____

Parent/Guardian

Name(s) _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Receives Texts? Yes or No (please circle one)

Email _____

I/We would like to help with the handbell group----

_____ Set up _____ Take down

1. If your child cannot continue for any reason, please notify the director
2. I/We understand that rehearsals and participating in worship are an important part of the Handbell group.
3. I/We will do our best to attend these and notify the director well in advance if our member is not able to attend.
4. I /We agree to allow my child's photograph to be used in church publications/publicity.

Parent/Guardian Signature