



Our Saviour's Evangelical Lutheran Church
400 West Ninth Street
Hastings, MN 55033-2025
(651) 437-9052
www.osel.org

Children & Family Ministry 2008-2009 Event Registration Form

Event: _____

Parent(s) Name(s): _____ **Home Phone:** _____
Address: _____ **Work Phone:** _____

City State Zip Code

Child's Name: _____ **Age:** _____ **Grade:** _____ (2008-2009
school year) **Allergies or Special Needs:** _____

Child's Name: _____ **Age:** _____ **Grade:** _____ (2008-2009
school year) **Allergies or Special Needs:** _____

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school year) **Allergies or Special Needs:** _____

Child's Name: _____ **Age:** _____ **Grade:** _____ (2008-2009
school year) **Allergies or Special Needs:** _____

● Do you give permission to use photos of your child in OSEL publications: Yes No

