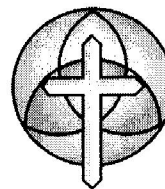


Trinity Lutheran Teen Center

1393 Elizabeth Street
Crete, IL 60417
(708) 672-8125
www.TrinityCrete.org



TRINITY
LUTHERAN CHURCH

Registration/Health Form

Name: _____

Birth date: _____

School: _____

Grade: (we are open for teens grades 7-12) _____

Teen's Cell phone: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Church Name (if applicable): _____

Is this teen baptized? _____

(list information of person to contact when parent or guardian above cannot be reached)

Emergency Contact Name: _____

Relationship to teenager: _____

Phone: _____

Home Address (emergency contact): _____

Please turn over.

