



NYC9 Registration Form

STUDENT:

NAME: _____ E-MAIL: _____ CELL PHONE: _____

PARENT/GUARDIAN:

NAME: _____ SIGNATURE: _____

PHONE _____ E-MAIL: _____

***Return Form by November 2, 2018 with check made out to TUMC to:
Trinity Church, 213 Main St., Hackettstown, NJ 07840 Attn.: Laurie
Sokalski/NYC9***

Office use only

Date rec'd _____ Payment rec'd _____ Payment type _____ Med/photo form rec'd _____