

Oasis Youth Group
204 Wayne Ave
Haddonfield, NJ 08033 (856) 429-5122
Sunday the 23rd to Thursday the 27th 7:00-9:00pm



OASIS
youth group

Youth's Name: _____ M/F (circle one)

Date of Birth: ____/____/____

Grade Entering in September 2017: _____ School: _____

Guardian's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell #: _____

Guardian's Email Address: _____

Medical Conditions: _____

Doctor: _____ Phone #: _____

Church Family Attends: _____

During Youth Week Oasis Youth Group will be taking pictures and videos of the Youth to use for promotional and community building purposes and may be displayed online as well.

Guardian's Signature: _____