

TREKS Registration Form

*An outreach ministry of the Little Falls United Methodist Church
139 Main Street, Little Falls, NJ 07424
www.LittleFallsUMC.org*

Child's Name: _____

Grade: _____

DOB: _____

Address: _____

Phone/Cell: _____

Email: _____

Parent/Guardian Phone: _____

Emergency Contact Person/Phone:

Allergies: YES or NO
If YES, please
specify: _____

If you are a parent who would like to volunteer with TREKS, please let us know. We will be looking for special presenters, craft ideas, and service projects for the boys to earn badges...or we just welcome you to sing and have fun with us!