

# Jerusalem Marketplace Registration Form

Our Savior Lutheran Church  
417 S Kane Street  
Burlington, WI 53105-2111  
262 763-3281

*(one per family)*



Parent Name: \_\_\_\_\_

Children Name and Age:

_____	_____
_____	_____
_____	_____
_____	_____

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home email address: \_\_\_\_\_

Number of family members participating: \_\_\_\_\_

Will parents be helping in other areas of Jerusalem Marketplace? \_\_\_\_\_ Where? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Home Church: \_\_\_\_\_

**A \$7.00 registration per child will be collected the first day during opening day check in. All proceeds will go to the Lutheran Church Missouri Synod's World Mission Kazakhstan Baker Family Support Fund.**