

THE INTERFAITH GA-GA GAMES

Faith Community and Youth Registration Form

Contact Person _____

Organization Name _____

Address _____ Suite # _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ Fax Number (____) _____

Cell Number (for text messages) () _____ E-mail Address _____

1. Please agree to suggested guidelines:

- We will want to participate in the Gaga games and activities.
- We will have youth from our organization wear t-shirts the same color. (only the color matters for team purposes)
- Our ask youth that plan to play on a team to arrive by 1:30pm
- Make a \$25 donation towards expenses to include water and lite refreshments

2. Name of person who will attend on behalf of your organization:

Name _____

4. Please suggest a volunteer Name _____ email _____ phone number _____

Please Return completed form by Sunday, September 9, 2018

Return this form as soon as possible to:

InterFaith Works

Ahmad & Elizabeth El-Hindi Center for Dialogue

1010 James Street, Syracuse, New York 13203

Phone (315) 449-3552 ext. 119 **Fax** (315) 449-3103

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www.interfaithworkscny.org