



Caroling for Kids Registration



Christmas Day – December 25, 2008

Bring the whole family, but one parent/guardian (18 or older) must complete this registration form and accompany child(ren) to the event.

Deadline to register: December 16, 2008

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Home Church (if any): _____ Church City: _____

Do you speak: Spanish Sign Language How many will attend? Adults ____ Children ____

Name of participant 1: _____ Age, if child: _____

Name of participant 2: _____ Age, if child: _____

Name of participant 3: _____ Age, if child: _____

Name of participant 4: _____ Age, if child: _____

Name of participant 5: _____ Age, if child: _____

Name of participant 6: _____ Age, if child: _____

Did you attend Caroling for Kids last year? No Yes

How did you hear about Caroling for Kids? _____

<i>Please choose your area(s) of interest</i>	
<input type="checkbox"/> Caroling team at hospital (MUST sing)	<input type="checkbox"/> Leading songs
<input type="checkbox"/> Caroling caravan to visit families at their home (MUST sing)	<input type="checkbox"/> Pre-event preparations
<input type="checkbox"/> Playing an instrument, which? _____	<input type="checkbox"/> Donating packaged snacks
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Donating cookie platter(s)

<i>Which is most important to you? <input type="checkbox"/> Time OR <input type="checkbox"/> Location</i>
Please check 2 preferences:
Florida: <input type="checkbox"/> Arnold Palmer <input type="checkbox"/> Florida East <input type="checkbox"/> Florida Children's (Florida South) <input type="checkbox"/> Grandma's House
<input type="checkbox"/> Winnie Palmer <input type="checkbox"/> Volusia County <input type="checkbox"/> Other _____ <input type="checkbox"/> Doesn't Matter
Georgia: <input type="checkbox"/> Atlanta <input type="checkbox"/> Other _____ <input type="checkbox"/> Doesn't Matter
Tennessee: <input type="checkbox"/> Nashville area <input type="checkbox"/> Other _____ <input type="checkbox"/> Doesn't Matter
<input type="checkbox"/> Early afternoon <input type="checkbox"/> Late afternoon <input type="checkbox"/> Flexible time (only avail. for Caroling Caravan, not hospitals)
Assignments will made on a first come, first served basis

Mail this form to: **Nathaniel's Hope**, 2300 Jetport Drive, Orlando, FL 32809
OR fax this form to 407-447-2021 **OR** register online at www.NathanielsHope.org
 For more information, call us at 407-857-8224 or visit our website