

# Registration Form

## Girls Days in Frankenmuth, MI

June 4-6, 2024  
Double \$375/Single \$475



Name: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Rooming as a (please circle): Single Double (if applicable) Roommate: \_\_\_\_\_

### **Pick up location:**

☐ Mendota Civic Center – 1901 Tom Merwin Drive at 7:45 a.m.

☐ LaSalle Flying J – 343 Civic Road at 8:00 a.m.

### **Dining Information:**

Dietary Restrictions/Food Allergies:

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### **Medical Information:**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Their cellphone #: \_\_\_\_\_ Other phone #: \_\_\_\_\_

Physician's Name & Number: \_\_\_\_\_

Medicine \_\_\_\_\_ Taken for \_\_\_\_\_ Dose: \_\_\_\_\_

Medicine \_\_\_\_\_ Taken for \_\_\_\_\_ Dose: \_\_\_\_\_

Medicine \_\_\_\_\_ Taken for \_\_\_\_\_ Dose: \_\_\_\_\_

Medicine \_\_\_\_\_ Taken for \_\_\_\_\_ Dose: \_\_\_\_\_

List any medications to which you are allergic:

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I give permission for First State Bank to use my medical information to provide proper medical care on the Girls Days in Frankenmuth trip scheduled June 4-6, 2024. I understand that my medical information will be kept in complete confidence and will be shredded upon completion of the trip.

Signed \_\_\_\_\_ Date: \_\_\_\_\_