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**FAMILY PROMISE OF ANDERSON COUNTY  
HOMELESS FOR THE HOMELESS  
“Box City Family” Registration Form**

Please complete one form per participant and **submit it no later than September 13th. PLEASE PRINT OR TYPE.** Submit by email to [info@familypromiseanderson.org](mailto:info@familypromiseanderson.org) or mail to Family Promise, PO Box 1466, Anderson, SC 29622. **Registration: \$25 (12 and older), \$20 (6yrs to 11yrs), Free (5yrs and under).**  
**To receive T-shirts, your form must be returned by September 6th.**

Box City Family Name: \_\_\_\_\_ # in Family: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ T-Shirt Size: \_ Adult \_\_\_ Child\_\_\_\_\_

Family Fundraising Goal:\_\_\_\_\_ Personal Fundraising Goal:\_\_\_\_\_

Personal Information: This information will be used in case of incident or injury at the event and to provide awards to the youngest and oldest participants.

Age (as of date of event): \_\_\_\_\_ School (if applicable): \_\_\_\_\_

Food Allergies/Restrictions: \_\_\_\_\_

Health Conditions (for which we should be aware): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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



Scan to pay