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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 no later than March 29th. PLEASE PRINT OR TYPE.** Submit by email to info@familypromiseanderson.org or mail to Family Promise, PO Box 1466, Anderson, SC 29622. **Registration: \$20 (12 and older), \$15 (6yrs to 11yrs), Free (5yrs and under).** **To receive T-shirts, your form must be returned by March 25th.**

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: _____



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