October 2, 2021 Location TBD Registration Deadline: September 17, 2021



District Office Use ONLY					
Amt. Due Amt. Paid					
Paid With					

Registration Fee: \$20.00 per Person-First Entry (\$5.00 for each additional entry)

Name:				Age:	
Address:			City:		
State: Zip	:Phon	e: ()	Circle	e One: Male Female	
Parent/Guardian	Name:				
		Phone: ()			
Categories: (<i>Circle</i>	All Events in which y	ou will be participat	ting)		
Presentation Mir	<u>nistries</u> (Can Choose	e Up To Any Four	Entries)		
Music Division:					
	Vocal Solo	Vocal Ensemble (2-	-6 singers)	Vocal Songwriting	
	Instrumental Solo				
***Instrument(s) to	be played:				
Accompanied by: (circle	one) CD/MP3/piano/keybo				
Drama Division: (I	ndicate if black light	will be used)			
	Drama Group		eo Solo	Human Video Group	
Sticks Solo	Sticks Group	Worship Da	ince Solo	Worship Dance Group	
Outreach Division	: (Indicate if black lig	ht will be used)			
Puppetry Solo	Puppetry Group	Sign Langua	ige Solo	Sign Language Group	
Clowning Solo	Clowning Group	Bible Memo	orization	Object Lesson/Short Sermon	
Non-Presentation	n Ministries (Unlim	ited Entries)			
	Division: (Must be de		the day of the e	vent)	
Short Story		Missions Display B	-		
Community Ministry	•	, ,			
Visual Art Division	(Must be delivered by 9	:20 am the day of the eye	n+1		
2-D Art		s Baking with		Science	
	Design, Movie Making	_	Losay	Science	
, the parent or legal guardi			nat I have lead custod	y of the child who resides with me and I	
give my permission for my c	child to attend Kids in Ministry	y and participate in all activ	vities.	· ·	
				Council of the Assemblies of God to use a. I will make no monetary or other claim	
	graphs or video in any ana an ise of such photographs or vid		ny ana an other meala	i. I will make no monetary or other ciaim	
				gal or prohibited items. I will be held	
				rized personnel to obtain any medical ents are not immediately available. I	
ınderstand if necessary, the	e child will be taken to a nearl			call. I further understand that I will be	
esponsible for any medical	expenses incurred.				
Signature of Parent or Guard	lian			ate (Required)	
ignature of rurent or dual a	.1411		D	uce (neguneu)	