



Because I matter.

Date _____

Name _____ Age _____

Current Address _____

City _____ Zip Code _____

Phone Number _____ Emergency phone number _____

Parents/Guardian _____

Parent/guardian phone number if different _____

Parent/guardian address if different _____

Email _____

Please list any medical conditions the facilitators need to be aware of _____

Club H2O is offered at two locations: The **Well of GRACE Ministries** office, 5675 Fairview Ave., Stevensville, MI (lower level of Southwest Medical Clinic Counseling Office) and **Mosaic Resale and Resource Center**, 1958 Pipestone Road, Benton Harbor, MI 49022 (behind Applebee's). Please contact Well of GRACE Ministries Office at 269-429-9355 for current dates.

A parent/guardian signature is required on this form in order to participate in "Club H2O"

I give my permission for _____ to attend Club H2O

Parent/Guardian signature

Please complete this form and mail to:

Well of Grace Ministries
5675 Fairview Ave., Stevensville, MI 49127
or call (269) 428-9355