

Shepherd of the Valley Evangelical Lutheran Church

SUBMIT FORM TO: Shepherd of the Valley Lutheran Church
4796 Cross Roads Road N.E.
P.O. Box 40
Sandyville, Ohio 44671

invites **YOU!**

Hero HeadQuarters Registration Form

Name _____

Date of Birth _____ **Grade Completed** _____ **Age** _____

Parent/Guardian _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____ **E-mail** _____

**I /We permit Shepherd of the Valley to use my child/children(s) photo(s) for promotional materials (ex. website, brochures, etc.)*

Yes _____ *No* _____

Special Notes:

