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Leading Our Ladies Into a Womanhood  
That is Powerful, Positive and Successful

### Registration Form

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Favorite Subject: \_\_\_\_\_

Least Favorite Subject: \_\_\_\_\_ Favorite Music: \_\_\_\_\_

Hobbies and Talents (What you Love to Do?)

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What is your favorite Color? \_\_\_\_\_ Favorite Food? \_\_\_\_\_

Any Food Allergies?

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Any Medical Conditions?

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Any Religious Restrictions?

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Emergency Contact 1:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Emergency Contact 2:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

What is your T-Shirt Size? \_\_\_\_\_

By signing below you are stating that everything above is accurate, truthful and filled out to your best ability.

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent Print Name)

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( Parent Signature)

Upon approval, you will be contacted and receive your Sisterhood welcome package. You will also receive our volunteer prerequisites and policy sheet and press permission slip.

Thank You, We Look Forward to You Joining Our Sisterhood!