



Registration Form

OAKS INDIAN MISSION | P.O. Box 103, Oaks, OK 74359
Phone: 918.868.2196 | Fax: 918.868-3804
oaksindianmission.org

Today's date: _____

Please type or print. RETURN THIS FORM BY EMAIL, FAX OR MAIL.
If you have any questions filling out this form, please call Andi Tucker at 918.868.2196 or email
leandra.tucker@oaksindianmission.org
Once we receive the form, we will contact the group leader for further planning. Thank you.

I am a (check all that apply):

YOUTH

ADULT

GROUP LEADER

Last Name: _____ First Name: _____

Birthdate: _____ / _____ / _____ Age: _____ Male Female

Address: _____

City: _____ St: _____ ZIP: _____

Email: _____

Group: _____ Date of Trip: _____

Youth:

Grade Entering: _____

Parent/Guardian: _____ Phone: _____

Email: _____

SPECIAL DIET & FOOD ALLERGIES:

Vegetarian

Vegan

Gluten Free

Lactose Free

Please describe any special dietary restrictions or allergies:
