

WUBDA Youth Auxiliary
Registration / Media Release Form
Rev. James Pankey, Moderator
Sis. Damita Anderson, Youth Director

Parents: Please complete **one** form **per** child.

Child's Name: _____

Address: _____

Phone Number: _____ Date Of Birth: _____

Church Name: _____

Pastor: _____

Youth Director/Auxiliary Leaders: _____

I _____ do / do not give permission for my child _____ to be photographed, video taped and for said images to be published as deemed necessary by the Western Union Baptist District Association. My signature indicates that this organization and/ or it's representatives shall not be held liable for any use once it has been published.

Parent's Signature: _____

Date: _____

Please direct all questions/concerns to Sister Damita L. Anderson – PO Box 702 – Xenia, Ohio 45385 – 937.532.5306.

WUBDA Youth Auxiliary Registration Form
Created September 15, 2009 – DLA
This form has been created by Damita Anderson
2009 WUBDA Youth Director
Any changes to this form must be requested in writing.

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