

Misfit Sanctuary

P.O. Box 381 ~ Stanley N.C. 28164 ~ 704 931-4183

Full Legal Name _____

Name you wish to be known by _____

Phone Number _____ Cell Number _____

Physical Address _____

Mailing Address _____

Emergency Contact _____

Medical Conditions _____

Food Allergies _____

Valid State ID required _____

(Clergy Signature) _____

Are you required to register with the Sex Offender List

Yes _____ No _____

If Yes, what is the offense & the Statute # _____

I fully understand and accept the Constitution, By-laws,
and the Tenets of Misfit Sanctuary.

Signature _____

Date _____