



# REGISTRATION FORM

STUDENT'S NAME: .....

STREET ADDRESS: .....

CITY: ..... STATE: ..... ZIP: .....

HOME PHONE: .....

**Ages 4 - 10**

PARENT/GUARDIAN NAME: .....

**June 25-27, 2025**

PARENT/GUARDIAN EMAIL: .....

**6:30 p.m. – 8:30 p.m.**

EMERGENCY CONTACT NUMBER: .....

**Registration Fee: \$10.00**

ALLERGIES OR SPECIAL NEEDS: .....

GRADE COMPLETED: .....