Child Registration Form

PLEASE SEND A DUPLICATE OF THIS FORM ❧ KEEP A COPY FOR YOUR RECORDS

CHILD REGISTRATION FOR CHILDREN AGES 6-12 ❧ NO ON-SITE REGISTRATION
PLEASE COMPLETE THIS FORM AND RETURN A COPY WITH SOROR REGISTRATION FORM

NAME OF REGISTERING SOROR

LAST NAME: _____ FIRST NAME: _____

FINANCIAL CARD NUMBER: _____ EXP: _____

CHILD'S INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

CHILD'S AGE: _____ PLEASE CHECK AS APPLICABLE: ☐ FEMALE ☐ MALE

MEAL SELECTIONS (checking the item will result in meal selection at all paid food functions)

☐ VEGETARIAN ☐ GLUTEN FREE ☐ NUT ALLERGY ☐ VEGAN ☐ NONE

REGISTRATION: UNTIL APRIL 29

☐ _____ $120 CHILD REGISTRATION

REGISTRATION: APRIL 30 – MAY 26

☐ _____ $130 CHILD REGISTRATION

CHILD REGISTRATION TOTAL (add all totals on this page and enter below)

$_____ ACC1 SUBTOTAL