REGISTRATION FORM

PLEASE TAPE ON BACK OF EACH ENTRY

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(Please make sure information is legible and (Please make sure information is legible and complete or student may be disqualified.) complete or student may be disqualified.) Name: ______ Age: _____ Grade: ____ Age: _____ Grade: ____ Under the penalty of perjury, I confirm that the Under the penalty of perjury, I confirm that the above information is true and correct. above information is true and correct. **Submitted By: Submitted By:** Parent's Name (print): Parent's Name (print): Parent's Signature_____ Parent's Signature_____ Daytime Phone: ______ Daytime Phone: -OR--OR-Teacher: _____ Teacher: Name & Address of School/Organization: Name & Address of School/Organization: _____ School/Organization Phone: School/Organization Phone: ____ Contact Name & Phone: Contact Name & Phone: _____