

REGISTRATION FORM

PLEASE TAPE ON BACK OF EACH ENTRY

(Please make sure information is legible and complete or student may be disqualified.)

Name: _____

Age: _____ Grade: _____

Under the penalty of perjury, I confirm that the above information is true and correct.

Submitted By:

Parent's Name (print): _____

Parent's Signature _____

Email: _____

Daytime Phone: _____

—OR—

Teacher: _____

Name & Address of School/Organization: _____

School/Organization Phone: _____

Contact Name & Phone: _____

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