

REGISTRATION FORM

Party Att	tendee		Grade	_
Mother o	or Father's Na	me		-
Email			Cell Phone	_
Preferre	d Lawn/Frien	d Request for Trail Day	y:	
Address				
Friend to	Sit With			_
Allergies	i			_
				-
				_
				_
How did	you find out a	about the party and or	Trail?	-
				_
				_
				-
For Offic	e Use:			
Cash	Check	Received By	Media Release Form	