

SAFETY TOWN 2018 REGISTRATION FORM

PARTICIPANT FIRST NAME LAST NAME BIRTHDATE _____ AGE ____ GENDER: M F ADDRESS ______ ST ___ ZIP_____ Preschool/Elementary School Child Will Attend Fall 2018 _____ GRADE: Pre □ K □ 1 □ Does your child have any allergies, other medical conditions, behavioral, or special accommodations that we should be aware of? Please choose your child's youth T-shirt size: small □ medium □ large □ X-large □ PARENT/GUARDIAN: FIRST NAME _____ LAST NAME _____ ADDRESS _____ST __ZIP____ CELL PHONE () WORK PHONE () Please Select One Cost: \$25/child Session 1 ___ July 30—Aug 3 9:30 am- 11:30 am T-shirt included Session 2 July 30—Aug 3 1:00 pm - 3:00 p.m. PARENT/GUARDIAN SIGNATURE Mail completed registration form and payment to: **Boys & Girls Club Safety Town Program** PO Box 1082 Coos Bay, OR 97420 OFFICE USE ONLY: Date Paid: ____ Amount: ___ Credit Card/ Check/ Cash #___ Exp: ___ Rcpt#____

Safety Town