

SON SURF BEACH BASH REGISTRATION FORM



Name _____



Parent(s) Name(s) _____



Street Address _____

City _____ State _____ Zip _____



Home Phone _____ Cell Phone _____

E-Mail _____



Grade entering in Fall PS 1 2 3 4 5 6

(please circle one)

Tee shirt size (circle one) Child size: 2-4 6-8 10-12 14-16

Adult size: sm med lg x-lg

Cost \$6.00 _____ paid _____ unpaid



In case of emergency, contact _____



Allergies or other medical conditions _____

Parent's work number _____

