

LECLAIRE NEIGHBORHOOD
NETWORK
SUMMER '06
REGISTRATION FORM

S T U D E N T I N F O R M A T I O N

Name _____ Phone Number: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Age: _____ Grade: _____ School: _____

P A R E N T I N F O R M A T I O N

(For Participants 18 years and under)

Name _____ Phone Number: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

E M E R G E N C Y C O N T A C T I N F O R M A T I O N

Name _____ Phone Number: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip: _____

M E D I C A L / O T H E R I N F O R M A T I O N

Medical Conditions: _____

General Information: _____

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