

ReCAST Kids Registration Form Infant - 5th Grade

Parent Guardian

Name: _____

Cell Phone: _____ Email Address: _____

Parent Guardian

Name: _____

Cell Phone: _____ Email Address: _____

Household

Phone: _____

Address: _____

City: _____ Zip Code: _____

Children:

Name	Birthdate	Grade	Allergies	Special Instructions

For ReCAST Kids Team:

Date _____ Registration Volunteer _____ Notes: _____

Office Processed on _____ by _____ Follow up on _____ by _____