



2019 GIRLS CONFERENCE

REGISTRATION DEADLINE OCTOBER 21, 2019

\*Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

\*Email: \_\_\_\_\_ Cell # \_\_\_\_\_

\*Home Address:

\_\_\_\_\_

\*School: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

\*Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian- Signature

Contact #

**I understand all responsible precautions will be taken to ensure the safety of all participants. Should an accident occur, I will not hold the facility or the organization responsible.**

\_\_\_\_\_

Parent/Guardian- Signature