

Valley Performance Playground **Workshop** Registration Form

I. General Information

CHILD 1 _____

School/Grade _____

Birth date _____

CHILD 2 _____

School/Grade _____

Birth date _____

CHILD 3 _____

School/Grade _____

Birth date _____

CHILD 4 _____

School/Grade _____

Birth date _____

How did you hear about VPP? _____

II. Parent/Guardian Information

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Address (Street, City, State, Zip) _____

Cell Phone _____ Email _____

Check if participant

- MAY be photographed/recorded for publicity purposes. (names will not be used)
- MAY NOT be photographed/recorded for publicity purposes.