

Pre-Registration Form

Return by June 17, 2013



Please list the following information for your child or children and return by June 17, 2013.

Name	Age	Gender	Allergic to bee stings	List any Allergies, Dietary restrictions, or special needs	Dates will attend (if all, state "all") Mark 9AM or 11AM

Parent (s) / Guardian (s): _____

Local Address: _____

Phone 1: _____ Phone 2: _____

Email: _____

If a parent/guardian can not be contacted in an emergency, please contact:

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Is your child attending with a friend? If so, please list their names:

Parent/Guardian Signature (verifying the information above is accurate) _____ Date: _____



Flinchbaugh's Orchard & Farm Market

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