

BLOSSOM PROGRAM

3929 Millersville Rd, Indianapolis IN 46205

REGISTRATION FORM 2019

Child First Name:	Last Name:
Telephone Number () -	Your Age: <input type="checkbox"/> M <input type="checkbox"/> F Tee-Shirt Size Youth Adult
Street Address:	City/ State/ Zip Code: Apt:
Email:	Parent Signature:

Choose Program Location:

- Community Life Line 3929 Millersville RD, 46205
- Jewel Event Center 3333 N Illinois St 46208
- Pink Party Palace 995 N Fenton Ave 46219

First Name: <input type="checkbox"/> M <input type="checkbox"/> F Age:	First Name: <input type="checkbox"/> M <input type="checkbox"/> F Age:	First Name: <input type="checkbox"/> M <input type="checkbox"/> F Age:
First Name: <input type="checkbox"/> M <input type="checkbox"/> F Age:	First Name: <input type="checkbox"/> M <input type="checkbox"/> F Age:	First Name: <input type="checkbox"/> M <input type="checkbox"/> F Age:
First Name: <input type="checkbox"/> M <input type="checkbox"/> F Age:	First Name: <input type="checkbox"/> M <input type="checkbox"/> F Age:	First Name: <input type="checkbox"/> M <input type="checkbox"/> F Age:

Does your child have special dietary Needs? If yes explain:

Allergy? Yes NO

Medication:

Emergency Contact:	Emergency Telephone:
Emergency Contact:	Emergency Telephone:
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> NO	

Does your child participate in any other programs? If yes please explain the program or activity:

Registration Options Turn in completed form, call (317) 490-1611, or (317) 679-8374,
E-mail info@pinkpartyplaceindy.com