

# BLOSSOM PROGRAM

3929 Millersville Rd, Indianapolis IN 46205

## REGISTRATION FORM

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

  

First Name: <input type="checkbox"/> M <input type="checkbox"/> F	First Name: <input type="checkbox"/> M <input type="checkbox"/> F	First Name: <input type="checkbox"/> M <input type="checkbox"/> F
Age: Tee-Shirt Size Youth Adult	Age: Tee-Shirt Size Youth Adult	Age: Tee-Shirt Size Youth Adult
First Name: <input type="checkbox"/> M <input type="checkbox"/> F	First Name: <input type="checkbox"/> M <input type="checkbox"/> F	First Name: <input type="checkbox"/> M <input type="checkbox"/> F
Age: Tee-Shirt Size Youth Adult	Age: Tee-Shirt Size Youth Adult	Age: Tee-Shirt Size Youth Adult
First Name: <input type="checkbox"/> M <input type="checkbox"/> F	First Name: <input type="checkbox"/> M <input type="checkbox"/> F	First Name: <input type="checkbox"/> M <input type="checkbox"/> F
Age: Tee-Shirt Size Youth Adult	Age: Tee-Shirt Size Youth Adult	Age: Tee-Shirt Size Youth Adult

• Please indicate Tee-Shirt Size and circle Youth or Adult

*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:*

Payment Type: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card: \_\_\_\_\_  
 \$35 return Fee on any return checks

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