



PARTICIPANT:

Name: _____ Birthdate: _____ (optional for calendar)

Email: _____

Please check if the participant cannot receive information by email and wishes postal mail.

Street: _____ City _____ ZIP: _____

Telephone: Home _____ Cell _____

RESPONSIBLE PERSON (PARENT(S)/GUARDIAN(S)/PERSON FROM GROUP):

Name(s): _____

Email: _____

Please check if the responsible person should receive information instead of the participant.

Please check if the responsible person cannot receive information by email and wishes postal mail.

Street: _____ City _____ ZIP: _____

Telephone: Home _____ Cell _____

EMERGENCY CONTACT (during events):

Responsible Person: _____ Cell Phone: _____

Medical: _____ Emergency Phone: _____

FOR PUBLICITY RELEASE

A-SNAP has my permission to photograph and identify the participant during A-SNAP activities

Responsible Person Signature and Date

PARTICIPATION FEE

\$xx for 2013-2014

Make check payable to: A-SNAP then send form and check to:

A-SNAP c/o Bonnie Hayner 19 Putnam Rd Arlington MA 02474