

2011-2012 Lytham Road Carol Choir (Grades 3-6)
WEDNESDAYS from 4:00—5:30 pm; starts August 31

\$25 per child; \$40 per family for the year

Drop in Youth Box by the front door or Mail form and check ("UALC") to LR Carol Choir, 2300 Lytham Rd., Columbus, OH 43220

Name: _____ **Gender:** M F **Birth date:** ____/____/____
First Last Preferred Name if different from First mo day year

Grade: circle one (as of 9/01/11): 3rd 4th 5th 6th **T-shirt size:** circle one Adult Sm Adult M Adult L XL

• [OTHER SIBLINGS add on the back]

Address _____ City _____ Zip _____

School & District _____ Home Phone _____

Parent's Email _____ phone in case of emergency _____

Father: _____ cell: _____ Mother: _____ cell: _____

Child's allergies or special health needs: _____

I would be willing to help with the dinners on the first Wed. of the month.

I understand that my child will receive medical care in the event of an emergency and UALC staff will contact me. I understand that my child may appear in photographs or videos used for promotional purposes including, but not limited to UALC brochures, UALC website and Welcome Vision.

Parent Signature: _____ Date _____

For office use: Check # _____ Cash _____ Amt Recd: _____ Date: _____ F1 _____

Name: _____ **Gender:** M F **Birth date:** ____/____/____
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