****

**Participant Information**

**Do Something Day Registration Form**

**June 12, 2018 | 8 am – 3:30 pm**

|  |  |
| --- | --- |
| Name: |   |

|  |  |  |
| --- | --- | --- |
| Address: |   |   |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |   |   |   |
|  | City | State | ZIP Code |

|  |  |
| --- | --- |
| Email: |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone 1: |   | [ ]  m [ ]  h | Phone 2: |   | [ ]  m [ ]  h |

|  |  |
| --- | --- |
| School: |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grade: |   | Age: |   | Date of Birth: |  / /  |

**Help us get to know you. Please tell us a little bit about yourself.**

|  |
| --- |
| 1. What are your hobbies, interests, or passions?
 |
|   |

|  |  |
| --- | --- |
| 1. Do you have a disability?
 | [ ]  Yes [ ]  No |

|  |
| --- |
| If yes, please list accommodations you will need to participate. |
|   |

|  |
| --- |
| 1. Do you have any food allergies or dietary restrictions?
 |

[ ]  Yes [ ]  No

|  |
| --- |
| If yes, please list: |
|   |

**Parent/Guardian Contact Information**

|  |  |
| --- | --- |
| Parent Name(s): |   |

|  |  |  |
| --- | --- | --- |
| Address: |   |   |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |   |   |   |
|  | City | State | ZIP Code |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone 1: |   | [ ]  m [ ]  w [ ]  h | Phone 2: |   | [ ]  m [ ]  w [ ]  h |

|  |  |
| --- | --- |
| Email: |   |

**Emergency Contact Information** (in case of emergency and parents cannot be reached)

|  |  |
| --- | --- |
| Contact Name: |   |

|  |  |
| --- | --- |
| Relationship to participant: |   |

|  |  |  |
| --- | --- | --- |
| Phone 1: |   | [ ]  m [ ]  w [ ]  h  |

|  |  |  |
| --- | --- | --- |
| Phone 2: |   | [ ]  m [ ]  w [ ]  h  |

**Participant & Parent/Guardian Signatures**

[ ]  I/We understand that we are responsible to provide or arrange transportation to and from the Community Foundation at 4455 W. Lawrence St., Appleton.

[ ]  I give permission for my child to travel with the group on a chartered bus to local nonprofit organizations.

|  |  |
| --- | --- |
|   |   |
| Signature of Minor Participant | Date |

|  |  |
| --- | --- |
|   |   |
| Signature of Parent or Guardian | Date |

**Please complete your registration form and photo release. Return to the Women’s Fund by Wednesday, June 6, 2018 with your $75 payment.**

**Pay by Credit Card:**

|  |  |
| --- | --- |
| Name on card: |   |

|  |  |
| --- | --- |
| Card Type: |  [ ]  Visa [ ]  Mastercard [ ]  Discover [ ]  Am Ex |

|  |  |
| --- | --- |
| Card Number: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Expiration Date: |   | Security Code: |   |

|  |  |
| --- | --- |
| Signature: |   |

**Send forms/check to:**

Women’s Fund

4455 W. Lawrence Street

Appleton, WI 54914

If you have questions, please call Becky Boulanger at (920) 702-7617

or email bboulanger@womensfundfvr.org.