

Date: \_\_\_\_\_

Name: \_\_\_\_\_ (check one) **Male** **Female**

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

Parent or  
Guardian: \_\_\_\_\_

Local Newspaper  
Name: \_\_\_\_\_

Newspaper  
Address: \_\_\_\_\_

Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

Notify using (check one): **Email** **Postal Mail System**

Email Address: \_\_\_\_\_