

# A Day on Broadway

## Cherokee High School Drama Day Camp Fundraiser Registration Form

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's Grade: \_\_\_\_\_ Child's School: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Parent/Guardian's Phone # where you can be reached today in case of an emergency:

\_\_\_\_\_

Anything we should know about your child? (Allergies, medical concerns, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_

Parent Signature