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**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](mailto:bboulanger@womensfundfvr.org).