



Registration Form

To register please fill out the forms below and attach a check payable to the Two Foundation.
Forms and payment send to: **The Two Foundation 8578 E Washington St. Chagrin Falls 44023**

Child Information:

Name:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Age:	
School:			
Address:		Phone number:	Home: Cell:
T-Shirt Size:	Child Sizes: <input type="checkbox"/> medium <input type="checkbox"/> large Adult Sizes: <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> XL <input type="checkbox"/> XXL		
Email:			
List Any Allergies: <small>(food, seasonal, insect, etc.)</small>			
Camp Attending: <small>(Including date)</small>			

Emergency Contact Information:

Contact 1 Name:	
Relationship:	
Number:	
Contact 2 Name:	
Relationship:	
Number:	