

*Please draw your picture in the box provided and fill out the form below. Good Luck!*

Name: \_\_\_\_\_ Age: \_\_\_\_ Phone Number: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_