

EAA CHAPTER 44 YOUNG EAGLE WORKSHOP

REGISTRATION FORM

YOUNG EAGLE NAME _____ BIRTHDATE _____

PARENT(S) NAME _____

PARENT(S) PHONE NUMBER (c) _____ (h) _____

PARENT(S) EMAIL ADDRESS _____

ADDRESS _____ CITY _____

STATE _____ ZIPCODE _____

EMERGENCY CONTACTS:

NAME _____ PHONE # _____ RELATIONSHIP _____

NAME _____ PHONE# _____ RELATIONSHIP _____

PERSONS AUTHORIZED TO PICK UP THE YOUNG EAGLE:

NAME _____ PHONE # _____ RELATIONSHIP _____

NAME _____ PHONE # _____ RELATIONSHIP _____

NAME _____ PHONE # _____ RELATIONSHIP _____

-DOES THE YOUNG EAGLE HAVE ANY ALLERGIES, CHRONIC ILLNESS, OR MEDICAL CONDITIONS EAA 44

SHOULD BE MADE AWARE OF? IF YES, PLEASE DESCRIBE: _____

-IS THE YOUNG EAGLE ON ANY MEDICATION THAT IS REQUIRED TO BE ADMINISTERED DURING THE

WORKSHOP TIMES? IF YES PLEASE DESCRIBE: _____

PLEASE ENCLOSE A CHECK FOR \$99 MADE OUT TO -EAA CHAPTER 44-

Please send to: EAA CHAPTER 44 c/o Trina Kenney 27 Keystone Ct. Brockport, NY 14420