



## 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:	<b>Child Sizes:</b> <input type="checkbox"/> medium <input type="checkbox"/> large large <input type="checkbox"/> XL <input type="checkbox"/> XXL		<b>Adult Sizes:</b> <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/>
Email:			
<b>List Any Allergies:</b> (food, seasonal, insect, etc.)			
Camp Attending: (Including date)			

### Emergency Contact Information:

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