

REGISTRATION FORM



NEW YORK STAR CLUB
SHINE BRIGHT

NAME OF STAR: _____

BIRTHDATE: ____/____/____ GRADE: _____

NAME OF PARENT/GUARDIAN: _____

MOBILE #: _____ HOME #: _____

HOME ADDRESS: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP TO STAR: _____

PHONE NUMBER: _____

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD? (HEALTH CONDITIONS/ ALLERGIES/ETC) ? PLEASE BE SPECIFIC: _____

PLEASE CHECK OFF THE FOLLOWING AS IT PERTAINS TO YOUR CHILD. PLEASE KEEP IN MIND, NEW YORK STAR CLUB WILL BE ATTENDING ALADDIN ON BROADWAY APRIL 27, 2019 AT 8PM. TICKET ARE CURRENTLY 100.00 AND ARE SUBJECT TO CHANGE. IS DUE APRIL 13, 2019

	PROTOSTAR	TAURISTAR	SUNSTAR
APRIL 6TH			
APRIL 13TH			
APRIL 20TH			
APRIL 27TH			
ALADDIN TRIP APRIL 27TH			

PARENT/GUARDIAN _____ DATE ____/____/____

FOLLOW US!

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