



405 Main Street
Middlefield, CT 06455
860-349-0258

Program Registration Form

Program: _____ Day/Dates : _____ Cost: _____

Name: _____ DOB: _____ Grade: _____

Address: _____

Known Allergies/ Medical Conditions:

Parent/Guardian Name: _____

Parent e-mail Address: _____

Parent Telephone Number(s) : _____
(where parent can be reached during event)

_____ Please add me to the DMYFS e-mail list to receive up to date program/event info.

_____ I give permission for my son/daughter to be photographed during this event for the purposes of publicizing the event or DMYFS.

_____ I give permission for my child's name to be listed if photograph is used for local press coverage (ie: Town Times/DMYFS Newsletter).

Parent Signature

Date

**PLEASE: Complete one registration form per participant, return to:
DMYFS, 405 Main St, Middlefield, CT 06455**