

Museum of Flight Sleep Over May 1, 2010

Registration must be postmarked by March 26, 2010

Complete a form for each youth and adult who is attending. One chaperone is required per five youth. For youth grades 4-8.

YOUTH _____ ADULT _____

Name

Name of adult chaperone attending

Address

City, State, Zip

County

Home phone

Club / Group name

Signature of parent or guardian

The youth represented by this application have his/her parent's or guardian's permission to attend. *If photographs are taken for publicity purposes, 4-H and Museum of Flight have permission to use said photographs.*

Youth attending is: Female ___ Male ___ Youth Grade: _____

4-H Member: Yes ___ No ___ Fee enclosed \$ _____

√ \$51.00 per youth √ \$21.00 adult

Make checks payable to:

Washington State 4-H Foundation

Mail completed form with full payment to:

**Washington State 4-H Foundation
2606 W Pioneer
Puyallup, WA 98371-4998**



For office use only: Rec'd _____ Sent _____