



BLOCK KIDS BUILDING PROGRAM

Official Registration/Entry Form

Please fill out all information requested. Please print legibly.

STUDENT'S NAME: _____

MAILING ADDRESS: _____

CITY, STATE, PROVINCE, ZIP: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE NUMBER: _____

SCHOOL: _____ GRADE: _____

SCHOOL STREET ADDRESS: _____

TEACHER: _____

CITY, STATE, PROVINCE, ZIP: _____

Please select one:

SPONSOR

___ Black or African American

___ Hispanic or Latino

___ American Indian or Alaska Native

___ White

___ Asian

___ Native Hawaiian or other Pacific Islander

(Sponsor/Region)

(Mailing Address)

(City/State/Zip)

(Signature Representative)

RELEASE

I hereby consent to the use of my child's name, photography, entry, interview in promoting or publishing this program or the NAWIC Education Foundation, now or at a future date. Further, I understand that this entry shall become the sole property of the NAWIC Education Foundation.

Must be received by: _____

(Signature of Parent/Guardian)