



Date _____

SHANE'S CLUB SIGN-UP SHEET

Parent's Names _____

Address _____

City _____ Zip _____

Phone _____

E-Mail _____

Company _____ Title _____

All children in the family:

1. First Name _____ LastName _____

Date of Birth _____ Diagnosis _____ Mobility Issue _____

Child's School _____ Grade _____ City _____

2. First Name _____ LastName _____

Date of Birth _____ Diagnosis _____ Mobility Issue _____

Child's School _____ Grade _____ City _____

3. First Name _____ LastName _____

Date of Birth _____ Diagnosis _____ Mobility Issue _____

Child's School _____ Grade _____ City _____

4. First Name _____ LastName _____

Date of Birth _____ Diagnosis _____ Mobility Issue _____

Child's School _____ Grade _____ City _____

How did you hear about us? _____