



Date \_\_\_\_\_

### SHANE'S CLUB SIGN-UP SHEET

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

**Please include all children in your 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? \_\_\_\_\_