

PROGRAM SPONSORED BY THE

Pemberton Township Alliance Group

Participant Registration Form

Participant's	
Name	
Parent/Guardian's	
Name	
Parent/Guardian	
Contact	
Information	
Phone Number &	
Email address	
Emergency	
Contact	
Information	
My child could use	
support in the	
following areas:	
I wish my child	
would:	
3.5.0.91 11	
My family could	
use resources for:	
Photo Permission	
Photo Permission	I give permission for my child's images to be used by Best of
	Me, Youth Enrichment Services or the Township Alliance Group
	to encourage other families to participate in the programs offered.
Date Received (for office use only)	
(101 Office use offiy)	<u> </u>

Participants whom to turn in completed applications before April 1st will be entered into a raffle for a Gift Card. Applications maybe turned in at the Recreation Dept., or by emailing to sherrieyvette@outlook.com.