



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: _____ MALE _____ FEMALE _____

SCHOOL: _____ GRADE: _____

SCHOOL STREET ADDRESS: _____

TEACHER: _____

CITY, STATE, PROVINCE, ZIP: _____

RELEASE

I hereby consent to my child participating in the Block Kids Program and in the use of my child's name, entry, and 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.

(Signature of Parent/Guardian)

SPONSOR

NAWIC Chapter 160 Cedar Rapids/Iowa City
(Sponsor/Region)

1000 29th Avenue SW
(Mailing Address)

Cedar Rapids, IA 52404
(City/State/Zip)

(Signature Chair)

RELEASE

I hereby consent to the use of my child's photograph in promoting or publishing this program or the NAWIC Education Foundation, now or at a future date.

(Signature of Parent/Guardian)

Must be received by: January 20, 2024

(This form must accompany entry at all levels of judging.)