

PROJECT REGISTRATION FORM

We are excited to have your child participate in our workshops! In order to best serve you, please take the time to complete the requested information.

CHILD'S NAME			
PARENT/GUARDIA NAME	N 		
PHONE NUMBER			
EMAIL			
CHILD'S AGE		CHILD'S BIRTHDAY	

PLEASE NOTE: Supervision by 1 Parent/Guardian per child is required.

I hereby permit the above-named child to participate in Goodie's Kid's Club workshop. In addition, I authorize Goodman Building Supply to take photographs and/or videotape of the above-named child and myself during the workshop event and agree that the same materials may be used by Goodman Building Supply for any and all brand and marketing purposes now and in the future without any compensation to the above-named child or guardian. I further release Goodman Building Supply from any liability arising out of the above-named child's participation in the Goodie's Kid's Club Workshop.

PARENT/GUARDIAI	N
SIGNATURE	
DATE	