



Public Speaking and Socialization Club Registration Form

Student's Name _____
First _____ Last _____

Student's Name (2) _____
First _____ Last _____

D.O.B. ___/___/___ Grade _____ Teacher _____

School _____

Parent / Guardian Name _____
First _____ Last _____

Parent / Guardian Name _____
First _____ Last _____

Address _____
Street City State Zip

E-mail Address _____

Home Phone # _____ Cell# _____

How did you hear about this program? _____

Who do you know may be interested in this program?

Name Phone

Staff Signature _____ Date _____

Amount paid \$ _____ Date paid _____

Cash / Check / M.O. Paid in full Wait list Yes No

Checks payable to **Donna Riley**



Media Release for Public Speaking and Socialization Program

- It is okay for my child to appear on promotional materials such as website, flyer, and brochures. Also as a parent or guardian, I also give my consent to use my written or verbal testimonial regarding the program.

- It is not okay for my child to appear on promotional materials such as website, flyer, and brochures.

Student's Name

Parent or Guardian Signature

Date _____

Staff Notes