

Lamoille Family Center
CLIMB FOR KIDS
Registration Form

Please return this form by September 12th to
Lamoille Family Center 480 Cadys Falls Road Morrisville, VT 05661
Email – info@lamoillefamilycenter.org Fax – 888-5392

Age: ___ Under 12 ___ 12-17 ___ 18 and Over

Name: _____

Phone: _____

Address: _____

___ I am registering as an individual

OR

___ I am registering as part of a team (please complete one form for each team member)

Team Name: _____

Team Type: ___ School Group ___ Business ___ Service Group
___ Family ___ Friends ___ Other: _____

Fundraising Goal: _____ (Circle – Individual or Team)

