



Music, Arts and Practicality

#

...a MAP to the stars.

2019 MINI-MAPPER PARTICIPATION & EMERGENCY FORM

Child 1 Name: _____ Age: ____ Current Grade: ____ Male / Female

Have you/your family participated in any M.A.P. shows, workshops, or events before? Please list:

_____ Allergies: _____

Child 2 Name: _____ Age: ____ Current Grade: ____ Male / Female

Have you/your family participated in any M.A.P. shows, workshops, or events before? Please list:

_____ Allergies: _____

Parent/Guardian's Name: _____

City: _____ State: _____ Zip: _____

Phone-Home: _____ Cell: _____ Work: _____

Email: _____

Comments: *Please include any special medical or personal information that you feel the M.A.P. team or an emergency care provider should know to better assist your child(ren). All information will be kept confidential.*

ADDITIONAL EMERGENCY CONTACTS:

	<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____

Parent/Guardian signature: _____ Date: _____

PLEASE BECOME A MEMBER OF OUR M.A.P. WEBSITE AND JOIN US ON FACEBOOK

WEBSITE: www.mapkids.wixsite.com/mapkids

EMAIL: mapkids.hancock@gmail.com

FACEBOOK: Map Kids - Hancock