Child's Name:			Birthday (mm/dd/yy):					
Parent/Guardian's Name:								
Email Address:			Phone:					
Address:								
City of Residence:				Zip Code:				
Payment Information (one child per entry)								
Method of Payment (Circle One):	Cash	Check	Visa	Mastercard	American Express			
Name on Card:				Check One Payment Option (If left blank, it will default to the base registration fee)				
Credit Card Number:				Registration Fee ONLY: \$25.00				
Card Exp Date:	cvp Date: CVV (3 Digit Number : On Card Back) :			Registration PLUS Keepsake Cover: \$45.00				
Billing Address:								
City:			Zip Code:					
Authorized Signature:			Date:					



CUTE KID COVER CONTEST COVER CONTEST 2019 REGISTRATION FORM

Child's Name:	Birthday (mm/dd/yy):					
Parent/Guardian's Name:						
Email Address:	Phone:					
Address:						
City of Residence:	Zip Code:					

Payment Information (one child per entry)

Method of Payment (Circle One):	Cash	Check	Visa	Mastercard	American Express
Name on Card:	Check One Payment Option (If left blank, it will default to the base registration fee)				
Credit Card Number:	Registration Fee ONLY: \$25.00				
Card Exp Date:	CVV (3 Digit Number :			Registration PLUS Keepsake Cover: \$45.00	
Billing Address:					
City:				Zip Code:	
Authorized Signature:				Date:	