

**Event Name:**

**Event Contact:**

**Contact e-mail:**

**Contact phone #:**

**[Event Location] :**

**Event Date:**

**[Reservation Deadline] 5 days prior to event:**

**Event time:**

Child's Name	Birthdate (m/d/y)	Grade (K-5th)	Parent's Email
1			
2			
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**Please remember:**

1. Please submit completed form to the Childcare office (KB142) by Reservation Deadline.
2. Receipt of reservation list will be confirmed via email at least 3 days prior to the event.
3. Emergency Contact Number - Childcare Office (281) 885-6723