



**Child Care will be provided by the Mohave Mesa Kiwanis Club**

Saturday, August 22 from 7 a.m. to 5 p.m. (Lunch will be provided)

**Send this completed form with your registration**

Parent's name \_\_\_\_\_

Cell phone number \_\_\_\_\_ e-mail \_\_\_\_\_

Kiwanis Club of \_\_\_\_\_

Child's name \_\_\_\_\_ Child's age \_\_\_\_\_

Allergies \_\_\_\_\_

Child's name \_\_\_\_\_ Child's age \_\_\_\_\_

Allergies \_\_\_\_\_

**Donations should be made to the River Valley High School Key Club for this service.**