



**BLOCK KIDS BUILDING PROGRAM**

**Official Registration/Entry Form**

Please fill out all information requested. Please print legibly.

STUDENT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, PROVINCE, ZIP: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL STREET ADDRESS: \_\_\_\_\_

TEACHER: \_\_\_\_\_

CITY, STATE, PROVINCE, ZIP: \_\_\_\_\_

**Please select one:**

**SPONSOR**

\_\_\_ Black or African American

\_\_\_ Hispanic or Latino

\_\_\_ American Indian or Alaska Native

\_\_\_ White

\_\_\_ Asian

\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_\_\_  
(Sponsor/Region)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(Signature Representative)

**RELEASE**

I hereby consent to the use of my child's name, photography, entry, interview in promoting or publishing this program or the NAWIC Education Foundation, now or at a future date. Further, I understand that this entry shall become the sole property of the NAWIC Education Foundation.

Must be received by: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)