

HALO

STARTS
May 11th, 2024

REGISTRATION FORM

44 Roberts Road
Canaan NH
603-523-8804

Name _____
Address _____
Town _____
Phone # _____
Age _____

Any medical conditions, allergies, that HALO needs to be ware of, plesse explain

Parents information

Name _____
Town _____
Address _____
Phone # _____

My child can ride home with _____

In case of emergency & parent cannot be reached

I give permission for my son/daughter to participate at
HALO Educational Systems

Teen Events, Saturdays from May until December

Name Print _____
Signature _____ Date _____