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Vang Council of La Crosse's Back to School Project Registration Form 2024

Name of Parent(s)/Guardian(s) _____ D.O.B. _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Must pre-registered by July 26th to guarantee supplies! Form can be mailed, emailed, or dropped off to our office. Please complete the following section for each school age child. If more space is needed, you may attached another sheet to this form.

1 Name: _____ Age: _____ M/F
Grade: _____ School: _____

2 Name: _____ Age: _____ M/F
Grade: _____ School: _____

3 Name: _____ Age: _____ M/F
Grade: _____ School: _____

4 Name: _____ Age: _____ M/F
Grade: _____ School: _____

5 Name: _____ Age: _____ M/F
Grade: _____ School: _____

6 Name: _____ Age: _____ M/F
Grade: _____ School: _____

7 Name: _____ Age: _____ M/F
Grade: _____ School: _____

We encourage you to bring your children with you during the pickup time. Please circle the date and time that work best for you. For further questions, please contact our office.

Monday, August 5th
AM (8:30-11:45)/PM (1:00-4:00)

Tuesday, August 6th
AM (8:30-11:45)/PM (1:00-4:00)

Wednesday, August 7th
AM (8:30-11:45)/PM (1:00-4:00)