

Nazhi Thee Baker
Sickle Cell/Healthy Hearts
Cake Decoration Contest

Registration Deadline is

Name _____ Age _____

Registering with (a) Sibling (s)

Name _____ Age _____

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Parent/Guardian Name _____

I have read, understood, and will follow the rules and guidelines of contest. I understand my cake will be photographed and placed on the Nazhi Thee Baker's website and other media outlets.

Signature _____

Payment: