



Mayor J. Christian Bollwage
 City of Elizabeth
 Department of Health & Human Services
 Office of Youth Services



REGISTRATION FORM

Application ***must*** be completed and returned by Friday, December 20, 2019:

Child's Name: _____
 D.O.B. ____/____/____ Age: _____ Current Grade: _____
 Teacher's Name: _____ School: _____
 Parent/Guardian Name: _____
 Home Address: _____ Apt# _____ Zip _____
 Phone Number: _____ Cell Phone: _____

(Please circle one for child only) T-Shirt Size: Youth S M L / Adult S M L XLRG

IMPORTANT NOTICE

The following items must accompany this application at the time of submission.

- **Birth Certificate (copy)**
- **Report Card and/or Progress Report (most current)**

Application may be submitted by mail or walk-in to: City Hall of Elizabeth - Office of Youth Services
 50 Winfield Scott Plaza, Room G-3
 Elizabeth, New Jersey 07201

RELEASE

In consideration for being allowed to participate in the "City of Elizabeth Spelling Bee," I hereby release the City of Elizabeth from any liability for payment of other compensation for the use of my child's picture or likeness, voice, biographical information, or other material provided to the "City of Elizabeth." I also agree to allow the "City of Elizabeth" to use these materials as it sees fit, including advertising and/or public relations.

X _____
 (Print) Parents/Guardian Name

X _____
 Parent/Guardian Signature

 (Date)