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## ***2011 Parent Conference Application***

***APPLICATIONS SHOULD BE MAILED  
TO THE ADDRESS ABOVE BY JUNE 1ST TO RESERVE A SLOT.***

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Do you have any dietary restrictions?

\_\_\_\_\_

I will be attending: Both days \_\_\_\_ Tuesday only \_\_\_\_ Thursday only \_\_\_\_

Do you have child care needs during Parent Conference? Yes \_\_\_\_ No \_\_\_\_

If yes, how many siblings \_\_\_\_\_ Do they have any dietary restrictions?

\_\_\_\_\_

Permission is granted to SBGNO to photograph, videotape or record myself,  
for the purpose of the media or for SBGNO publications.

Signature \_\_\_\_\_

Date \_\_\_\_\_