

Year _____
____(school name)____ **SCORE A FRIEND CLUB**
Club Member Information



Student Name: _____

Student Cell Phone: _____ Home Phone: _____

Parent Name(s): _____ Parent Cell Phone: _____

Address: _____

Student Email: _____ Parent Email: _____

Preferred way to Communicate: (check all preferences)

- Student Text Parent Text Student Email Parent Email
- Student Cell Phone Parent Cell Phone Home Phone

T-Shirt Size: X-Small Small Medium Large X-Large

Club Participation/Interest:

- Club Meetings Club Activities Score A Friend Week
- Lunch Buddies School Event Buddies Unified Sports
- Special Olympic Polar Plunge Special Olympic State Youth Activation Committee

Club Committee Interest: Education Sports & Buddies Community Service Fundraising

Interested in serving as Unified Committee Chair Team? Yes No

Health/Medical Information:

Allergies: _____

Any specific Health or other Issues to know about related to Club Meetings or Activities:

Any Questions/Comments for Teacher Sponsor(s) or Club President?
