



## conference registration form

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

*If registering two adults from the same household, please include additional adult's name*

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Additional Phone#: \_\_\_\_\_

email: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Regional Center: \_\_\_\_\_

School District \_\_\_\_\_ School: \_\_\_\_\_

Affiliation:  Parent  Family member  Teacher  Other

### payment info:

**Cost:** \$40 per person (pre-registered and paid) payable to Club 21  
\$50 at the door

**Mail to:** Club 21  
PO Box 94833  
Pasadena, CA 91109  
Attn: Jenni Perkins

**Questions:** [Jenni@clubtwentyone.org](mailto:Jenni@clubtwentyone.org)