|  |
| --- |
| **Parent 1 Info** |
| First Name |  |
| Last Name |  |
| Cell Phone |  | Work Phone |  |
| Email |  |
|  |
| **Child Info** |
| First Name |  |
| Last Name |  |
| Cell Phone |  | ­­ |  |
| Email |  |
|  |  |
| Membership fee: | $10 per month  |

Additional Children’s names and dates of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_

$20 per month for more than 1 child.

Submit payment by check payable to: Friends and Allies

Mail to 108 Roberts St Red Springs NC 28377

Thank you for joining our Youth Mentoring program. Welcome to the Shine!