

# kidpower

kidpower ● teenpower ● fullpower ● california

**To register:** Please print this page and send via mail to Kidpower, P.O. Box 1212, Santa Cruz, CA 95061, or via fax to (831) 426-4480 with the following information. Checks should be made out to Kidpower. To use Visa, MasterCard, Discover or American Express, please fill out the credit card information and sign below.

**We limit our workshop size and we must have your payment in order to reserve your spot.**

Workshop Name \_\_\_\_\_

Date \_\_\_\_\_ City \_\_\_\_\_

Your name \_\_\_\_\_

Child's name (if applicable) \_\_\_\_\_

Child's date of birth (MM/DD/YYYY) \_\_\_\_\_

Your address \_\_\_\_\_

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

Email \_\_\_\_\_

How did you hear about Kidpower? \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Enclosed is my **check** of \$\_\_\_\_\_ for my workshop fee made out to Kidpower and \$\_\_\_\_\_ for my tax-deductible donation to help provide a scholarship for a student in need.

I would like to **charge** \$\_\_\_\_\_ for a workshop fee and \$\_\_\_\_\_ for a donation.

Please charge my (circle one):    Visa    MasterCard    Discover    American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

*Signature required for all credit card transactions*

**OFFICE USE ONLY**

- Confirmation \_\_\_\_\_
- Check \_\_\_\_\_
- Charge \_\_\_\_\_
- Waiver \_\_\_\_\_