

*Information Form for the Ivy Rosettes of the Ivy Tea Rose, Inc.*

Please print or type

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_

Home E-Mail Address \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Achievements \_\_\_\_\_

Parent/Guardians Name(s) \_\_\_\_\_

Parent/ Guardian's Signature: \_\_\_\_\_

Cell Telephone Number: \_\_\_\_\_

Home Telephone Number (if different): \_\_\_\_\_

Emergency Contact Information (Name and Telephone Number) \_\_\_\_\_

Parental/Guardian's signature will give permission for participant to travel on pre-arranged field trips, use of photo for web site and Ivy Rosette brochures and activities.

Lead Chaperone:  
Mrs. Cynthia Henry  
407.297.6192