



## Children Guest Form

Age/ Grade	Child's Name	Allergies/ Spec. Needs	Tag #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/ Guardian Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/ Guardian Address: \_\_\_\_\_  
\_\_\_\_\_

Is this the child's first time attending LoveCanton? Yes / No