

REGISTRATION

PLEASE SEND COMPLETED FORM AND PAYMENT TO:

WMC Project Graduation

c/o WMCHS

259 Bartley Road

Chester, NJ 07930

Please print and complete this form. Be sure to put the graduates FULL NAME in the memo field on your check. Registration will be complete upon receipt of payment.

Please print clearly.

STUDENTS NAME: _____

PARENT/GUARDIAN NAME: _____

EMERGENCY CONTACT PHONE: _____

SECOND PARENT/GUARDIAN NAME: _____

SECOND PHONE #: _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

EMAIL: _____

Please provide a parent email address. This email address will be used to communicate with you regarding Project Graduation (event details, transportation times, event start/end time, and all the information you need to know about Project Graduation 2022). This email will only be used for Project Graduation 2022.

T-SHIRT SIZE (please check one):

SMALL ___ MED ___ LG ___ XLG ___ 2XL ___ 3XL ___

I am available to chaperone for the Project Graduation Event

www.WMCHSProjectGraduation.com

wmcpg22@gmail.com