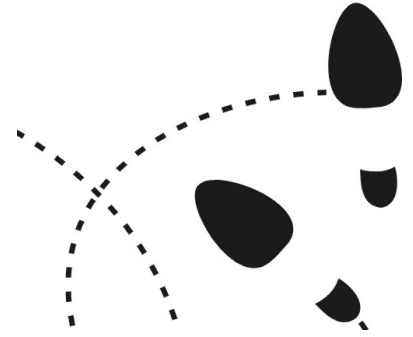


WORTHINGTON Cotillion EST. 1984



Student's Name: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____

Male: ___ Female: ___

Current School Grade: _____ School: _____

Parent/Guardian: Mrs. ___ Ms. ___ Dr. ___ Other: ___ Name: _____

Parent/Guardian: Mr. ___ Dr. ___ Other: ___ Name: _____

Parent's Email Address: _____

Parents would like to chaperone one evening class: Yes ___ No ___

I understand and agree that my child may be required to wear a face mask if required by the state/county/city or venue at the time of the classes/party.

I (circle one) Do / Do NOT give permission for Worthington Cotillion to use photographs of my child for promotional use.

Please send this registration form with a check in the amount of \$130.
Checks may be made payable to "Worthington Cotillion" and mail to:

Laurie Mottice
1024 Hartford Street
Worthington, OH 43085