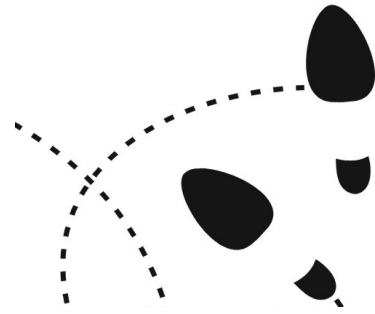


WORTHINGTON

Cotillion

EST. 1984



Student's Name: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____

Gender: _____

Current School Grade: _____ School: _____

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

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

Parent's Email Address: _____

List **one** friend your child would like to be seated with: _____

****We will make every effort to accommodate your request, but cannot guarantee placement.***

Important! Please list any dietary restrictions if applicable.

Vegetarian Gluten Free Dairy Free Nut Allergies Pescatarian

Other dietary restrictions (please explain in detail) _____

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 \$160.
Check may be made payable to "Worthington Cotillion" and mail to:

Laurie Mottice
Worthington Cotillion
1024 Hartford Street
Worthington, OH 43085