

# Amy's Wish With Wings

## Amy's Wish With Wings Rider Registration Form (This form is to be updated annually)

Please print clearly

Date: \_\_\_\_\_

Client		D.O.B.		Age
Street		City	State/Zip	County
Home Phone	Cell	Diagnosis		
Parent 1/Guardian		Address (if different)		
Home Phone	Cell Phone	Work Phone		
Preferred Contact Method (circle one)		Home phone	Cell Call / Text	Email
Email Address				
Parent 2/Guardian		Address (if different)		
Home Phone	Cell Phone	Work Phone		
E-Mail Address				
Additional Emergency Contact Name and Phone				
Responsible Party				
Preferred Invoice Delivery Method (circle one and identify correct address/email address)			US Mail	Email