

Inspiration Masters LLC.



Inspiration Masters Participants Information

Participants Information

Name: ☐ ☐

First

Last

M

F

Address:

Street

Apartment/Unit #

City

State

ZIP Code

Cell Phone:

Home Phone:

Email:

School Name:

Grade Level:

Birth Date:

Parent Information

Father's Name:

Phone:

Email:

Mother's Name:

Phone:

Email:

Required: List Child's Medical Condition, Allergies

Medical Condition If Any:

Allergies If Any:

Payment Information

Program Name:

Program Cost:

Cash ☐

Check ☐

Check No.

Credit Card No:

Exp.Date

Name on Card:

CVV# (Digits on Front/Back)

By registering a child in this program, I authorize and acknowledge permission for video, digital or still photograph made with the child's image to be applied to variety of uses by Inspiration Masters LLC. Such uses may include, but are not limited to, Inspiration Master's website, printed brochures, broadcasting and/or other form of electronic transmission.

Inspiration Masters LLC.

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