

Adult Signature

Lemonade Day!"

ALASKA



For online registration and information visit us at LemonadeDay.org/Alaska Please complete and return to LemonadeDayAlaska@gmail.com

	PARENT	INFORMATION - For ema	il notification	on/tracking purpose	es only	
First Name			Last Name			
Email						
Phone #				DT wish to receive email monthly Lemonade Day		
Mailing Address						
City			State	Zip Code		
	ENTREPRENEUR INFORMATION - Please complete for each child participating.					
First Name			Last Name			
Name School Name School						
School Board						
	Gender O M O F	Ethnicity O African American O Asian O Other	CaucasianHispanicAlaska Nat	ОК	O 2nd O 5t	h O High School
First Name School			Last Name			
School						
Board Board						
	Gender OM OF	Ethnicity O African American O Asian O Other	O Hispanic	ОК	O 2nd O 5 O 3rd O 6	th O High School
mily event, and laska are not and quirements so thus ust be provided demnify, defend	rdian of the child/ren named I agree that I (or another resp I will not be responsible for st hat my child/ren can participo the name of the person who wand hold harmless the organ	above, I consent to my child/ren's par nonsible adult that I approve) will assis upervising my child/ren. I also understa tite in Lemonade Day Alaska. I agree to will supervise my child/ren and the exa izers of Lemonade Day Alaska and any from my child/ren's participation in Le	t and supervise and that the cent ocomply with the act location of n wone associated	monade Day Alaska. I under my child/ren. I understand tain municipalities may ha nese requirements. I also un ny child/ren's lemonade sta with it or Lemonade Day p	that the organ ve certain heal derstand that nd ahead of til rogram from a	nonade Day Alaska is a izers of Lemonade Day th and safety certain municipalities ne. I agree to release, ny and all claims for