



## Christmas Coloring Contest

Deadline: Friday, December 16

Ages 2- 5th grade

### Participant Information

First & Last Name \_\_\_\_\_ Age \_\_\_\_\_

### Parent/Guardian Information

Mother/Guardian Name \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Where did you hear of this program? (Ads, Internet, word of mouth, etc.) \_\_\_\_\_

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Office use only: Ck \_\_\_\_\_ Ca \_\_\_\_\_ V/MC \_\_\_\_\_ Exp \_\_\_\_\_

Ck# \_\_\_\_\_ Recpt # \_\_\_\_\_ Date \_\_\_\_\_ Employee \_\_\_\_\_ Amt Pd \_\_\_\_\_

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