



LOTTERY ENTRY FORM

Child's Name	_____	_____	Birth year:	_____
	First	Last		
(s)he is currently:	_____	and will turn	_____	on
	Age		Age	Month
			Day	
Parent(s) / Guardian(s)	_____			
Mailing address	_____			
Home phone	_____	Work phone	_____	Work phone
		father		mother
Email address	_____			

Office use only	
Intake date:	
Draw date:	# ballots
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10