

PO Box 212
Jefferson City, Missouri 65102



www.jccdfy.org
573-636-2411

PERFORMER INFORMATION FORM
(please complete and return to CDFY)

Safety Kid/Show Me Player/UPLIFT _____
(circle one) (student name)

Mother's Name _____

Mother's Address _____

Mother's cell _____ work _____ home _____

Father's Name _____

Father's Address _____

Father's cell _____ work _____ home _____

Emails _____
(please enter all email addresses you would like to receive information regarding your child)

SCHOOL IN FALL _____

Allergies/Health Concerns _____

T-Shirt Size _____

Emergency Contact Information:

Name	Phone	Relationship
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Name	Phone	Relationship
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