

L.A.W.S
{Ladies Auxiliary To Winter Sports}

Food Booth Registration

Date: _____

Parents Name: _____

Home Phone Number: _____

E-mail Address: _____

| Children's Names | Level |
|------------------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Willing to work in Food Booth: YES____ No____

Have you worked in the Food Booth before?

YES__ No__

Signature