

ADULT REGISTRATION FORM



Adult Participant Name _____

County Representing _____

Phone Number _____

Children Supervising

T-Shirt Size _____ (will be adult size unless indicated otherwise)

Different colors will be given to you depending on your role. Please circle

one of the following: Volunteer CD Staff (not supervising a child)

 Case/Service Worker/Foster Parent (supervising a child)

Note: Case/Service workers/Foster Parent should be the person bringing the child or the person for the potential adoptive parents to talk to in regards to that child.