**100 Kids Who Care – Dufferin**

**Registration/Commitment Form**

Thank you for your interest in joining 100 Kids Who Care – Dufferin.

Please fill out the following and send via email to

100KidsDufferin@gmail.com at least 2 weeks before the next meeting.

|  |  |
| --- | --- |
| **Child’s First Name:** |  |
| **Child’s Last Name:** |  |
| **Age:** |  | **Grade:** |  |
| **School:** |  |
| **How will you earn money to donate to a charity?** |
| **What charity would you like to nominate?** *(This is for our information only and is not an official nomination – please fill out the official nomination form)* |
| **Parent’s Name(s):** |  |
| **Parent’s Email:** |  |
| **Phone Number:** |  |

**I understand that I am making a commitment to 100 Kids Dufferin to make a donation of $10, per child, four times per year, which will be given directly to local charities, non-profits and organizations serving the Dufferin County area.** Circle One: YES NO

**I agree to fulfill my donation commitment even if I did not vote for the charity selected by majority vote.** Circle One: YES NO

**I give permission to 100 Kids Dufferin to use photos that myself and my child are in for web content, advertising, etc. I understand that my name will only be used if permission is directly requested.** Circle One: YES NO

Child’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature (if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_