

**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? <i>(This is for our information only and is not an official nomination – please fill out the official nomination form)</i> | | | |
| | | | |
| 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) _____