



OFFICE USE ONLY

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Rab Rab's Birthday Club Membership Form

Child's Name: _____ Age: _____ Birthdate: _____

Address: _____ Home Phone: _____

_____ Mom's Cell: _____

Grade: _____ School: _____ Mom's Email: _____

Questionnaire

1. What is your child's hobby? _____
What do they like to do in their free time? _____
2. What does your child want to be when he or she grows up? _____
3. What is your child's favorite animal(s)? _____
4. What is your daughter's hair color (for girls)? _____
5. What is their favorite color(s)? _____
6. What is their shoe size? _____
7. What is your child's favorite store? _____
8. Does your child play any sports? _____ If so, what is their favorite one? _____
9. Who is your child's favorite person or idol? _____
10. What would you recommend that we give your child for their Birthday? _____

Parent/Guardian Release & Signature

I, (PRINT your full name) _____, hereby grant permission to Bethel Foundation of Oklahoma City and its affiliates and subsidiaries, including but not limited to the Foundation, to interview, photograph, and/or videotape my minor child, _____, and/or to supervise and others who may do the interview, photograph, and/or videotaping; and/or to use and/or to permit other to use information from the aforementioned interview and/or aforementioned images in promotional activities for Bethel Foundation without compensation.

By signing with my signature, I vow that the information on this application is indeed true to the best of my knowledge.

Name of Parent or Guardian (Please Print): _____

Signature of Parent or Guardian: _____ Date: _____