



PARENTS

Providing Awareness Referrals Education Nurturing Therapy Support

... Where hope is in the home

TEAM REGISTRATION FORM



Company / Group Name as you would like it to read: _____

Contact Person: _____ Position: _____

Mailing Address: _____

Email: _____ Phone: _____

Amount enclosed: _____ Check Number: _____

Please check as appropriate:

All adult team Mixed adults, teens, and children team

Please fill out the quantity needed:

T-shirt Size: XS S M L XL (while supplies last)

Please make check payable to "PARENTS, Inc." and send the completed form to:

P.A.R.E.N.T.S., Inc.

45-955 Kamehameha Highway, Suite 403

Kaneohe, Hawaii 96744

Phone: (808)235-0255

Check out our agency website at: www.hawaiiparents.org to find out more about us.