Registration Form for Back to School

Name:	***Last Name:***
Address:	***Apt:***
State:	***Zip code:***
Phone:	***Cell:***
E-Mail:	
Age:	
Grade:	

Hemophilia A ☐

Hemophilia B ☐

Von Willebrand ☐

Other

Explain:_____

Parent Name:_____

Signature:_____

Date:_____

The information given to FHLUSA will be kept confidential and will not be disclosed to any other organization, agency or person. This information will be used only and exclusively for the benefit of the registrant, any questions contact Director of the Foundation Hope and Life USA. (FHLUSA)