Chandler Service Club

2020-2021 Flower Girl Program

ACCEPTANCE DATA FORM

DEADLINE: Return by noon on June 15th, 2020

FLOWER GIRL'S NAME:

TITLE	FIRST NAME	NICK NAME	MIDDLE NAME	LAST NAME	Date of Birth

ADDRESS:

STREET	CITY	STATE	ZIP

EMAIL ADDRESS	HOME PHONE	CELL PHONE	WOMEN'S SHIRT SIZE
			Check one: ❒ XS ❒ S ❒ M ❒ L ❒ XL ❒ XXL

NAME OF CHANDLER SERVICE CLUB MEMBER/RECOMMENDER:

TITLE	FIRST NAME	LAST NAME

FLOWER GIRL RELATIONSHIP TO MEMBER/RECOMMENDER: (Check all that apply) ❒ Legacy Flower Girl

❒ Daughter of Member ❒ Granddaughter of Member ❒ Other Relative of Member (specify) _____

❒ Acquaintance of Member _____

HIGH SCHOOL: **ADDRESS:**

SCHOOL NAME	STREET	CITY	STATE	ZIP

PRINCIPAL'S NAME:

TITLE	FIRST NAME	LAST NAME

MOTHER'S NAME:

TITLE	FIRST NAME	NICK NAME	MIDDLE NAME	LAST NAME

ADDRESS:

STREET	CITY	STATE	ZIP

EMAIL ADDRESS	HOME PHONE	CELL PHONE	WORK PHONE

MOTHER'S STATUS: check one ❒Single ❒Married Spouse's Full Name: _____

FATHER'S NAME:

TITLE	FIRST NAME	NICK NAME	MIDDLE NAME	LAST NAME	SUFFIX

ADDRESS:

STREET	CITY	STATE	ZIP

EMAIL ADDRESS	HOME PHONE	CELL PHONE	WORK PHONE

FATHER'S STATUS: check one ❒Single ❒Married Spouse's Full Name:
_____

Does the Flower Girl have any food allergies or restrictions? _____