



BE A "MOM" (MOTHER OF MASK)
Registration Form

NAME: _____

DATE: _____

ADDRESS: _____

CONTACT NUMBER: _____

SCHOOL CHILD(REN)
ATTEND _____

GRADES OF
CHILD(REN) _____

EMAIL
ADDRESS: _____

\$20.00 ANNUAL REGISTRATION FEE (This is a school calendar year).
THIS IS A NON-PROFIT ORGANIZATION - ALL MONIES GO TO
FUND THIS PROGRAM. PLEASE SEND FORM & FEE TO **KIMBERLY
CABRAL/MASK 7852 E. SANTA CATALINA DR. SCOTTSDALE, AZ
85255 (PAYABLE TO MASK)**