



# PARTICIPATION FORM

## Angela's Angels Lemonade Stand Fundraiser

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Adult's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_

Child's T-Shirt Size: **S M L XL**

Adult's T-Shirt Size: **S M L XL**

Date of Lemonade Stand (or approx. date): \_\_\_\_\_

Location of Lemonade Stand

(please include the city and a description of the place, i.e., business, park, frontyard, etc.)

---

---

---

email to: [angelaroberts888@gmail.com](mailto:angelaroberts888@gmail.com)