

# 2024 STAR SUMMER REGISTRATION FORM

**DATES (circle dates attending):**    May          June          July          August          September  
**TIME:**                                      6:00 p.m. - 8:00 p.m.  
**LOCATION:**                                  Various Locations  
**FEE:**    Free  
**REGISTRATION:**                      Register online: [www.cityofcape.org/star](http://www.cityofcape.org/star) or fill out this form and return to the A.C. Brase Arena  
**CONTACT:**                                  [mllincoln@cityofcape.org](mailto:mllincoln@cityofcape.org) | 573-339-6732

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## INDIVIDUAL SIGN-UP:

Name of Participant(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please describe any medical conditions/concerns that staff need to be aware of?**

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**Please describe any food allergies we need to be aware of.**

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## GROUP SIGN-UP:

Group Name: \_\_\_\_\_

Attending Supervisor Name(s): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

How many will be chaperoning the event? \_\_\_\_\_

Participants Name	Medical Conditions/Concerns	Allergies

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**How did you hear about this program (circle one)?**

PLAY CAPE      Website      Social Media      Email      Newspaper      Radio      Flyer      Utility Bill      Family/Friend      Other