

**MHEA FIELD DAY REGISTRATION**  
**POSTMARK DEADLINE WEDNESDAY, MARCH 27**

Parent Name \_\_\_\_\_

Email \_\_\_\_\_ cell # \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

*Make checks payable  
and mail to:*  
**MHEA**  
**Field Day**  
P.O. Box 2196  
Cordova, TN 38088

MHEA Membership Number (required) \_\_\_\_\_ For additional children use an attached sheet.

Registration: \$4.00 per child; \$16.00 maximum per family; \$\_\_\_\_\_ total enclosed.

*For Office Use Only*

Date received \_\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_\_ Amount \_\_\_\_\_