

# BEST PARTY ON EARTH! LIT Registration Form

Your name

Please enter the diagnosis group you attended with.

Please enter the number of adults attending (If you are 18 or over, please include yourself in this number)

Please enter the number of children attending (If you are 16 or 17, please include yourself in this number)

Please enter below your first choice of time slots to attend from the following four.  
12:30-1:30, 1:30-2:30, 2:30-3:30, 3:30-4:30

Please enter below your second choice of time slots to attend from the following four.  
12:30-1:30, 1:30-2:30, 2:30-3:30, 3:30-4:30

Does anyone in your family have any food allergies?

Any questions please contact Mary Parrish- [MParrish@CampBoggyCreek.org](mailto:MParrish@CampBoggyCreek.org) or 352-483-4111