

## Application for LEGO ® Club Program

**A.**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Participant's Diagnosis: \_\_\_\_\_

Is the participant aware of his/her diagnosis? \_\_\_\_\_

Please list any suggestions that may assist our staff in communicating and supporting the participant registering for the LEGO ® Program:

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**B.**

If the participant is eight or older please continue with this section, otherwise continue to section C.

We need your assistance in providing the best possible match of a peer mentor and your



Please make check payable to Teamwork Wins Ltd. Thank you!

Please mail payment and registration form to:

Teamwork Wins, Ltd.

LEGO ® Club Program

P.O. Box 42

New Hope, PA 18938-0042