

# Seneca Healthcare District Coloring Contest Registration Form

Parent or Guardian Information

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*First & Last Name*

Participants Information \*

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*First & Last Name*

*age*

Contact Information:

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*Phone*

*Email*

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*Mailing Address*

Parent of Guardian Signature:

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As the parent or guardian of the child above, I grant permission for Seneca Healthcare district to release my child's first name and coloring sheet for Marketing purposes on both digital and print format. \*

**Coloring Sheets must be received by February 12<sup>th</sup>!**

Forms and color sheets can be mailed to Seneca Healthcare District, Attn: PR & Marketing, PO BOX 737, Chester, CA 96020 or they can be dropped off at B&B Booksellers located at 278 Main Street in Chester.

For questions or more information call Chelssa at 530.258.2085