Astoria
SUNDAY MARKET

YOUNG ENTREPRENEURS 2020 REGISTRATION

Your First Name _____

Last Name _____

Mailing Address _____

_____

City _____ **State** _____ **Zip** _____

Email _____

Phone _____

Your age _____ **Your grade** _____

PARENT OR GUARDIAN

Parent or Guardian First Name _____

Parent or Guardian Last Name _____

Parent or Guardian Phone _____

Parent or Guardian Email _____

Complete and return to: ASM Biz Kidz P.O. Box 973 Astoria, OR 97103	**Questions? Call** Cyndi Mudge, ASM 503-325-1010 Sandra Carlson, 4-H 503-325-8573

www.AstoriaSundayMarket.com AstoriaSundayMarket@gmail.com