

Use a separate application form for each child you wish to register.



TAK-ALONG PROJECT APPLICATION

BAN Member _____

Address _____

City _____ State _____ Zip _____

Telephone _____

E-Mail Address _____

Child's Name _____ Age _____

_____ Yes, I would like to purchase the TAK-Along supplies. I am enclosing \$10.00. (Please add \$6.00 if these items are being mailed to you.)

_____ No, I do not wish to purchase the supplies.

Mail to: **BLUEBIRDS ACROSS NEBRASKA**
P.O. BOX 67157
LINCOLN NE 68506-7157