

# Cotillion Registration Form

M \_\_\_\_\_

Accepts with pleasure the invitation to become a member of Mrs. Belt's Cotillion.

Parents Names: \_\_\_\_\_

Parents arrive for receiving line:    One Time            Date Preferred \_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Sixth Grade: \_\_\_\_\_    Seventh Grade: \_\_\_\_\_

School: \_\_\_\_\_

Please list other recommended children for Cotillion:

Parent's Name: \_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Names of children for future Cotillion	Grade Sept 20__	School

Please mail form to: Mrs. Barbara Belt  
421 Glendale Drive  
Lebanon, IN 46052