

PLEASE PRINT INFORMATION AND COMPLETE ENTIRE FORM

**Mail to: AGFTAG, INC.
P.O. Box 2457
Forney, TX 75126**



Name of Child: _____

Age of Child: _____ **Grade of Child:** _____ **Circle: M / F**

School Child Attends: _____

Street Address: _____

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

Phone #: _____

Parent/Guardian Name: _____

Email: _____

Child Signature: (Print or Sign) _____

Please Note: ONE PER CHILD PLEASE