

UMKWS Registration Form

Complete and return to:
Linda Hinderscheit
164 Pillsbury Drive SE
Shevlin Hall 115
Minneapolis, MN 55455

Name of Child: _____

Birthdate: _____ Age: _____ Grade Next Fall: _____

Name of Parent(s): _____

Address: _____
Street Address City, State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____