

# GREATER ATLANTA SPEECH & LANGUAGE CLINICS

## KIDS NIGHT OUT SIGN UP SHEET

Name/s: \_\_\_\_\_

Age: \_\_\_\_\_

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

Contact Phone # for that evening: \_\_\_\_\_

Special Needs or Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Please include my child/children for pizza

\_\_\_\_\_ I will be sending dinner for my child/children

\_\_\_\_\_ Total # of children attending

\$\_\_\_\_\_ Total included for my child/children