

# DISCOVERY LAND TEMPORARY VISITOR CARD

Date

Guardian Name: \_\_\_\_\_

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

Street

City

State

Zip

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Discovery Land?

Awana  Drive By  Website  Hope Clinic  DL Special Event  Xcel Sports  Family/Friends

Child's Name	Special Needs?	DOB		Grade
1	Yes No	___/___/___	M or F	
<b>Allergies/Health Concerns:</b>				CLASS (FILLED IN BY DESK)
2	Yes No	___/___/___	M or F	
<b>Allergies/Health Concerns:</b>				CLASS (FILLED IN BY DESK)
3	Yes No	___/___/___	M or F	
<b>Allergies/Health Concerns:</b>				CLASS (FILLED IN BY DESK)

# DISCOVERY LAND TEMPORARY VISITOR CARD

Date

Guardian Name: \_\_\_\_\_

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

Street

City

State

Zip

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Discovery Land?

Awana  Drive By  Website  Hope Clinic  DL Special Event  Xcel Sports  Family/Friends

Child's Name	Special Needs?	DOB		Grade
1	Yes No	___/___/___	M or F	
<b>Allergies/Health Concerns:</b>				CLASS (FILLED IN BY DESK)
2	Yes No	___/___/___	M or F	
<b>Allergies/Health Concerns:</b>				CLASS (FILLED IN BY DESK)
3	Yes No	___/___/___	M or F	
<b>Allergies/Health Concerns:</b>				CLASS (FILLED IN BY DESK)