



CCFW

Cape Coral Friends of Wildlife

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Full Name _____

Birthday _____

Address _____

City/State/Zip _____

Best Contact Phone _____

Email _____

Signature _____ Date _____

If under 18, parent or guardian signature is required

Parent or Guardian Name (PRINT) _____

Parent or Guardian Signature _____ Date _____

Please choose your division

- Youth Division – 7 years to 17 years of age as of the date of submission
- Adult Division – 18 years and older

If a person (s) appears in your photograph, a “Permission to Use Image of Person(s) Photographed” release must be signed by each individual.