



Dr H Science Club

Parent Info

Mother's Name _____

Father's Name _____

Address: _____ State: _____ Zip code: _____

Email: _____

Anniversary Date: _____

Child(ren)

Address: _____ State: _____ Zip code: _____

Email: _____

Child 1 Name: _____ Birthday: _____

Child 2 Name: _____ Birthday: _____

Child 3 Name: _____ Birthday: _____

Child 4 Name: _____ Birthday: _____

Child 5 Name: _____ Birthday: _____

Child 6 Name: _____ Birthday: _____

Child 7 Name: _____ Birthday: _____

Child 8 Name: _____ Birthday: _____

Child 9 Name: _____ Birthday: _____

Child 10 Name: _____ Birthday: _____

NOTE: PLEASE EMAIL COMPLETED FORM TO CONTACT@DRHEXPLORES.COM