



## YOUNG ENTREPRENEURS 2023 REGISTRATION

Your First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Your

age \_\_\_\_\_ Your grade \_\_\_\_\_ PARENT OR GUARDIAN

Parent or Guardian First Name \_\_\_\_\_

Parent or Guardian Last Name \_\_\_\_\_

Parent or Guardian Phone \_\_\_\_\_

Parent or Guardian Email \_\_\_\_\_

**Complete and return to:**

ASM Biz Kidz

P.O. Box 261

Astoria, OR 97103

[www.AstoriaSundayMarket.com](http://www.AstoriaSundayMarket.com)

**Questions? Call**

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