



YOUNG ENTREPRENEURS 2022 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	Questions? Call Shelby Meyers, ASM 503-440-7168, shelby@astoriadowntown.com Sandra Carlson, 4-H 503-325-8573, sandra.carlson@oregonstate.edu
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