



THE
LOCAL
Lemon



Presenting Sponsor:



Central Bank

Strong roots. Endless possibilities.™

Name: _____

Age: _____

Mentor Helping with Stand: _____

Email: _____

Phone Number: _____

Food Allergies: _____
(Snacks and Drinks will be provided during class)

Shirt size of the youth entrepreneur _____

I understand that the program is June 22- 27 from 8:30 AM-11:30 AM and my child will attend all sessions. Initial: _____

**To register, email
businessrelations@callawaychamber.net by June 5th.**





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Liability:

The Callaway Chamber of Commerce cannot be liable for damage or loss due to possible theft. It is expressly understood and agreed by the participant/guardian that no claim of any kind against Organizer for loss, damage, theft or destruction of goods or exhibit; nor any injury that may occur to himself/herself or their participant while at the event, field trip, or class sessions; The participant/guardian shall be solely responsible for their own belongings and to all third persons, including invitees and the public for all claims.

Parents are welcome to attend with their child but we ask that you do not bring younger children to limit distractions.

Parent/Guardian: _____

Signature: _____

Phone Number: _____

Email: _____



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