

**Cover Kids registration form
(Please print form and mail in)**

Child's full name _____

Age _____ **Birthdate** _____

E-mail (of parent) _____

Address _____
Street City State Zip Code

Mother's Name _____ **Phone No.** _____
(or Guardian)

Father's Name _____ **Phone No.** _____
(or Guardian)

____ *YES! I allow Lowcountry Parent magazine to publish a photo of my child in Lowcountry Parent magazine or on www.LowcountryParent.com*

____ *YES! I want my child to be entered into the monthly birthday give-away.*

____ *YES! The submitted photo was not taken by a professional photographer, and I have the right to reproduce it.*

Please mail this form, \$25 registration fee and a snapshot of your child to:

Lowcountry Parent magazine, 134 Columbus St., Charleston, SC 29403 ATTN: COVER KIDS 2010
Make check payable to the Post and Courier.