



Monarch Fire Protection District

REGISTRATION APPLICATION AUTISM AWARENESS DAY- FREE EVENT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

E-Mail (For upcoming updates on this event): _____

your email will remain private

Who all is coming? Adults: _____ Children(total): _____ Special needs (ASD, etc.): _____

**Please send this
form to:**

**Shanna Gelb
Admin. Assistant**

gelb.s@monarchfpd.org

In the subject line – Autism Event