

Money\$mart

Application

Your Name _____ Grade _____

Parent(s) or Guardian Name _____

Street Address _____

City _____ Zip Code _____

Home Telephone _____ Mother Work Telephone _____

Father Work Telephone _____ Cell Phone _____

Health Insurance Provider _____

Policy Number _____ Group Number _____

Primary Care Physician _____ Physician's Phone _____

Parent/Guardian Signature _____

Please send application and \$10 registration fee to:

ECU-CUU, CUSO
ATTN: Jarod Mathis
3623 SE 29th St
Topeka, KS 66605

First 100 applications will be accepted.
Please Return By March 12, 2010