

Supporting the MUSC Children's Hospital Fund
6th Annual INSPIRED

REGISTRATION FORM

Parent's Names: _____ and/or _____
Family Name Parent's First (w/Title) Spouse's First (w/Title) (if applicable)

Home Address: _____

City/State/Zip _____

Please Circle Primary Contact Number and Contact Person

Home Phone: _____ Her Work Phone: _____ Her Cell: _____

Other Phone: _____ His Work Phone: _____ His Cell: _____

Email Addresses: Hers: _____ His: _____

Please Enroll My Child(ren) Listed Below in the 2015 Inspired Program
(All Children Must Be In The Same Immediate Family – Brothers & Sisters and between 1 and 15 years of age on their shoot date)

Child's Name: _____ Age: _____ DOB: Month _____ Day _____ Year _____

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Child's Name: _____ Age: _____ DOB: Month _____ Day _____ Year _____

My donation for ___\$65.00 for one child or ___\$95.00 for two or more children made out to the **MUSC Children's Hospital Fund** is enclosed. I understand that a Pre-Consultation appointment and a Photography Session appointment will be set up with Signature Photography. I understand the terms stated in the "Just the Facts" document published on the "Inspired" Website and realize that I will be given the opportunity to purchase an INSPIRED Book and images from the photo shoot of my child(ren).

Parent Signature

Date

Please make your donation payable to the MUSC Children's Hospital Fund and send it with this signed form to
Inspired, c/o Signature Photography, P.O. Box 2504, Mount Pleasant, SC 29465-2504.

Credit Card Information

Type: _____ Card Number: _____ Security Code: _____ EXP: _____

Name on Card: _____ Billing Address of Card: _____