



# REGISTRATION



**Mail to address:**  
 Brutus Buddies  
 5th Floor Fawcett Center  
 2400 Olentangy River Rd.  
 Columbus, OH 43210

## Parent/Guardian Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Country:  USA  Canada State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

By enrolling my child in Brutus Buddies, I authorize employees or agents of the Department of Athletics to record and edit into video/photograph the name, likeness, image and voice of my child and to use all or parts of the video/photograph in print and electronic materials for the Department to illustrate and promote the Department, Brutus Buddies and/or The Ohio State University and for no other purpose.

Complete information for each child. If you have more than 2 children, fill out another registration form and send in all together.

## Child (1) Information | \$30.00

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade (18-19 School Year)  Not in school  Pre-K  K  1st  2nd  3rd  4th  5th  6th

Favorite Sport \_\_\_\_\_ T-Shirt Size (youth/adult)  YS  YM  YL  AS  AM  AL  AXL

## Child (2) Information | \$25.00

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade (18-19 School Year)  Not in school  Pre-K  K  1st  2nd  3rd  4th  5th  6th

Favorite Sport \_\_\_\_\_ T-Shirt Size (youth/adult)  YS  YM  YL  AS  AM  AL  AXL

One Child = \$30 Additional Child(ren) = \$25/ea \*There will be a 3% processing fee added to Credit Card payments **Total Cost** \$ \_\_\_\_\_

**Payment Information**  Check (made out to The Ohio State University)  Cash  Credit Card\*

Billing Address (if different than mailing) \_\_\_\_\_

City \_\_\_\_\_ Country:  USA  Canada State \_\_\_\_\_ Zip \_\_\_\_\_

Visa  Mastercard  Discover  American Express

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_