



Shadow Day Registration

Shadow Day registration and information form.

Date _____

Current Grade _____ Current School _____

Preferred Shadow Dates/Days _____

Student Name _____

Gender _____

Parent/Guardian Name _____

Address _____

Cell Phone _____ Work Phone _____

E-mail _____

Friends at TCA _____

Would you like to shadow one of your friends at TCA? If so, please write the name of your

friend _____