

I KNOW THE WORDS TO ALL THEZONE ZEMIROs! PLEASE SEND MY SOCKS TO-

FIRST NAME: _____ LAST NAME: _____ PHONE:(_____)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT NAME: _____ PARENT SIGNATURE: _____ DATE: _____

Mail this form to: TheZone Zemiros Challenge, 1805 Swarthmore Ave., Lakewood, NJ 08701 - Limit one form submission per child.