

Complete your registration  
form today located on the back of this  
post card!



Return the registration form ASAP  
SPOTS ARE LIMITED

Email: [burn\\_aftercare@med.unc.edu](mailto:burn_aftercare@med.unc.edu)

Fax: 919-445-9704 (If you fax, please  
email us to confirm receipt!)

Mailing Address:  
Burn Survivors 6 & Under Event  
101 Manning Dr. CB#7600  
Chapel Hill, NC 27599

To:

  

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Please fill out this form and return to us before June 1, 2025.

## SURVIVOR'S INFORMATION

Survivor's First & Last Name:

Parent/Guardian's Email Address:

Survivor's Mailing Address:

Parent/Guardian's Cell Phone Number

Can we text you the day of the event if needed?

YES    NO

Please specify any allergies or dietary needs:

Please specify any need for special accommodations:

## FAMILY INFORMATION

Family Member's First and Last Names:

Family Member's Relationship to Survivor:

Ages of Siblings/Other Children Living in Home: