

Registration Information Form

ADVISER DIRECTIONS:

Have each student/adviser complete this form and return to you. Use the information collected to complete the online registration for each participant.

CONFERENCE PARTICIPANT INFORMATION:

Registration Classification (please circle one):

Advisor **Coach** **Athletic Director**
Student Athlete Student **Organization Member**

Last Name: _____ M.I.: _____ First Name: _____

Home Phone: (____) _____ - _____ Emergency Phone: (____) _____ - _____

Emergency Contact Name: _____ Contact Phone: (____) _____ - _____

Gender (please circle): **Male** **Female**

Participant Grade (please circle): **9** **10** **11** **12**

Participant T-Shirt Size (please circle): **S** **M** **L** **XL** **XXL**

Vegetarian?: **Y** **N** Food Allergies?: **Y** **N** Explain: _____

Friday Lunch Order (please circle one): **Tuna** **Turkey** **Veggie**