

Registration Information Form

ADVISOR DIRECTIONS:

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

CONFERENCE PARTICIPANT INFORMATION *(Please Print Neatly)*

Registration Classification (please circle one)

Advisor Coach Athletic Director Student Athlete Student Organization Member

1. Last Name _____ M.I. _____ First Name _____

2. Home Phone (____) _____-_____ Email Address _____

3. Emergency Contact _____ Emergency Phone (____) _____-_____

4. Please Indicate Gender: _____

5. Participant Grade _____

6. Participant T Shirt Size- (Adult Men's Size) (select one): **S** **M** **L** **XL** **XXL** **Other:**

7. Vegetarian? (circle one) **Y** **N**

8. Gluten Free? (circle one) **Y** **N**

9. Food Allergies? (circle one) **Y** **N** Specify: _____

10. Any Other Dietary Restrictions? **Y** **N** Explain: _____