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: ________________________________