



# HERO YOU

## In The Community

### REGISTRATION FORM

In order to ensure the best possible experience for you and your group, please complete the information below and submit via e-mail.

Institution Name: \_\_\_\_\_ District Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Times/Days Available for Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Grade Range of Participants: \_\_\_\_\_

### SCHEDULING:

Dates will be confirmed between you and the Hall of Fame facilitator. Please indicate what month(s) and time you prefer:

- Month(s)**
- |                              |                               |
|------------------------------|-------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> July |
| <input type="checkbox"/> Feb | <input type="checkbox"/> Aug  |
| <input type="checkbox"/> Mar | <input type="checkbox"/> Sept |
| <input type="checkbox"/> Apr | <input type="checkbox"/> Oct  |
| <input type="checkbox"/> May | <input type="checkbox"/> Nov  |
| <input type="checkbox"/> Jun | <input type="checkbox"/> Dec  |

- Time(s)**
- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Mornings   |
| <input type="checkbox"/> Afternoons |

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

### Additional Comments:

If you have any additional comments or information, please leave it below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_