



HERO BY YOU

Field Trip

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:

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

