HERO in 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)

- ☐ Jan
- ☐ Feb
- ☐ Mar
- ☐ Apr
- ☐ May
- ☐ Jun
- ☐ July
- ☐ Aug
- ☐ Sept
- ☐ Oct
- ☐ Nov
- ☐ Dec

Time(s)

- ☐ Mornings
- ☐ Afternoons

Additional Comments:

_____

_____

Additional Comments:

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

_____

_____

BC SPORTS HALL OF FAME
INSPIRING THE FUTURE.
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