

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

Time(s)

☐ Mornings
☐ Afternoons

Additional Comments:

Additional Comments:

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

