

DELEGATE REGISTRATION FORM

Delegate information:

Student's Name: _____ **Grade:** _____ **Sex:** _____

Home Address: _____

City/Zip: _____

Phone: (_____) - _____ - _____ **T-Shirt size:** _____

E-Mail: _____

Are You Vegetarian? Yes:___ No:___

Do you have any dietary restrictions?

Do you have any allergies? Yes:_____ No:_____

If yes, please explain:

School information:

School Name: _____

School Address: _____

City/Zip: _____ **School Phone:** _____

Emergency Contact:

Name: _____ **Relationship:** _____

Address: _____

City/state/zip: _____

Home Phone: _____ **Cell Phone:** _____

Name of advisor(s) attending:
