



For Office Use Only:

- ___ Girls
- ___ Chaperones
- ___ Scholarships
- ___ Total Payments

School Registration Form

Please complete information below and return as a cover sheet with your registration forms. Thank you!

School: _____ **District:** _____

Chaperone Name(s): _____

Our school will provide (check one):

- A purchase order to Grant Wood AEA
- A check to Grant Wood AEA

Our school group (check one):

- Will stay for the full conference (9:00-2:00).
- Will need to leave right after lunch (approximately 12:30)

Student Names:

1	14
2	15
3	16
4	17
5	18
6	19
7	20
8	21
9	22
10	23
11	24
12	25
13	