

Reach for Success 2009
School Registration Form

School Name:

Please fill out legibly and in ink

	Student's First Name	Student's Last Name	Grade
1			
2			
3			
4			
5			
6			
7			
8			
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11			
12			
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14			
15			
16			
17			
18			
19			
20			

For every five (5) students, there must be a minimum of one (1) adult chaperon

	Adult's First Name	Adult's Last Name	Counselor Parent??
1			
2			
3			
4			
5			

Name of person submitting form: _____

Contact phone number: _____

Contact e-mail address: _____