



Registration Form

School Name: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Estimated Time of Arrival at Conference: _____

Estimated Time of Departure at Conference: _____

Each middle and high school is invited to bring up to 10 students:

STUDENT'S NAME (Please PRINT)	GRADE	T-SHIRT SIZE (S,M, L, XL)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Chaperone/Advisor Name

1. _____ T-Shirt Size S _____ M _____ L _____ XL _____

2. _____ T-Shirt Size S _____ M _____ L _____ XL _____

Registrations must be returned to: Champlain Valley Educational Services
ATTN: Angela Jennette
PO Box 455 Plattsburgh, NY 12901 or Fax: 518 - 561 - 0240
Or email to jennette_angela@cves.org
NO later than October 8, 2019