

PASC STATE CONFERENCE – DELEGATE REGISTRATION TEMPLATE

Do NOT mail this template. This form should be used to gather delegate information for use during online registration. Some of the information is redundant with the medical form, which must be mailed in along with the commitment form.

Registrant Type: Delegate Presenter
Paying: Yes No
School: _____
First Name: _____
Last Name: _____
Address: _____

City: _____ State: _____ Zip _____
Email Address: _____
Phone: (_____) _____
Gender: Female Male
Shirt Size: S M L XL 2XL 3XL
PASC Region: A B C D E F G
Grade Level: High School Middle School
Special Needs:

Medical Insurance: Yes No
Company Name: _____
Policy Number: _____
Insurance Phone: _____
Physician Name: _____
Physician Phone: _____

Emergency Contact #1:
First Name: _____
Last Name: _____
Relationship: _____
Day/Cell Phone: _____
Evening Phone: _____

Emergency Contact #2:
First Name: _____
Last Name: _____
Relationship: _____
Day/Cell Phone: _____
Evening Phone: _____

Medication #1: _____
Medication #2: _____
Medication #3: _____
Medication #4: _____
Medication #5: _____

Tetanus Shot in Last 10 Years: Yes No
Tylenol Allowed: Yes No
Advil Allowed: Yes No
Pet Allergies: Yes No
Allergy Info #1: _____
Allergy Info #2: _____
Allergy Info #3: _____
Allergy Info #4: _____
Allergy Info #5: _____
Allergic to Smoke: Yes No

Other Info #1: _____
Other Info #2: _____
Other Info #3: _____
Other Info #4: _____
Other Info #5: _____

Dietary Needs:

—Workshop Choices—

Student workshop registration occurs after you have submitted all of the other information above. There are 3 workshop sessions. Record the ID# of the workshop below:

	First Choice	Second Choice
Time Block 1		
Time Block 2		
Time Block 3		

Please refer to the workshop description packet for full details on each workshop. Workshops are filled on a first-come-first-served basis. Register early for best selection.