Conference Registration Form

REGISTRATION IS DUE FEBRUARY 1, 2017

Name of School _____

Name of Key Club _____

High School Address _____

_____ MO _____
City State Zip Code

Advisor's Name _____

School Phone _____ **Advisor's Phone** _____

Advisor's Email _____

Name (As it should appear on name badge)	Name (As it should appear on name badge)
1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

If additional space is needed, please attach a list of attendees.

REGISTRATION FEE Total # Registered _____ X $105 each = $ _____

Please enclose a check or school purchase order for the registration amount. We **DO NOT** have provisions to accept credit cards When providing a purchase order, checks for the registration total are expected at the time of registration. Conference registration fees are non-refundable. Substitutions are accepted. Thank you for your cooperation in this matter. There are no refunds due to inclement weather.

MAIL THIS FORM TO: Jim Zuroweste
120 Monroe
Troy, MO 63379

QUESTIONS—(314) 440-0780