

Secondary School Registration Form

Missions Fest School Field Trip (Year) – (Day) (Date)

"(Theme)"

(Venue)

School: _____

Teacher: _____

Phone _____ Fax _____ Email _____

This confirms that classes are coming for the Field Trip. The following is the number of students in each class.

Grade 8: _____ Grade 9: _____ Grade 10: _____ Grade 11: _____ Grade 12: _____

Please divide the students evenly between the four speakers. **Each student attends two seminars.** You will find the seminar descriptions on the attached sheet.

Please indicate the number of students attending each seminar session:

Presenter	<u>Session A 9:40-10:40 am</u> # of Students	<u>Session B 10:55-11:55 am</u> # of Students
(Presenter #1) (Room #)		
(Presenter #2) (Room #)		
(Presenter #3) (Room #)		
(Presenter #4) (Room #)		

The suggested donation for each student is **\$4.00**. We encourage you to send in your contributions to the Missions Fest office before the conference. This avoids delays during registration at the convention centre.

NOTE: If you pay at the conference, please make separate cheques for Secondary and Elementary.

Number of Students _____ Amount enclosed _____

At the beginning of (month), you will be sent more detailed information about the drop-off procedure, parking, registration and assigned room numbers.

(Address)

Tel

Fax

E-mail:

KINDLY RETURN THIS FORM by (Date)

