



SASC 2018 School Registration Organizer

School Name _____ State _____ Advisor Name _____

Delegate Names	Type of Delegate:		Shirt Size:							Dietary Needs:				Forms:	
	Advisor	Student	XS	S	M	L	XL	2X	3X	None	Vegetarian	Gluten Free	Other	Student Reg. Form	Insurance Card
1															
2															
3															
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15*															
16*															
17*															
18*															

Please provide the following information to help us with our planning:

*Bonus Delegates as applicable

Name of Student Council President (if attending): _____

Name of Voting Delegate: _____

Name(s) of Workshop Presenter(s): _____

Do you plan to submit projects? _____

Will you attend an optional Catholic Mass on Sunday? _____ or Will you attend an optional worship service on Sunday? _____



