

Name and Event Registration Form for **SAMPLE** Charter #

(School Name)

| First Name | Last Name | Status (Circle as applicable) | Health Science Events | Health Prof. Events | Emerg. Prep Events | Leadership Event | Team- Work Events | Recognition | Recognition | IL State Events | IL State Events |
|------------|-----------|----------------------------------|-----------------------------|---------------------------|--------------------------|---------------------|-------------------------|-------------|-------------|-----------------------|-----------------------|
| Sarah | Smith | CC DE AL FC NI CH AD PM | MT | | CP-1 | | HB-1 | | | EY | SA |
| Robert | Jones | CC DE AL FC NI CH AD PM | MS | NA | | JS | | | | SP | ST |
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NOTE: Please complete and return to Dana Clayton, Collinsville AVC, 2201 S. Morrison, Collinsville, IL. 62234 by February 1, 2012

