

Student Rate Registration Form

Please include a copy of your current class schedule with your registration form

The cost of a student registration is \$140.00. This cost includes registration, lodging, and meals (dinner on Friday night, breakfast, lunch, and dinner on Saturday, and breakfast on Sunday morning). Please note that this is a voice off event upon arrival.

**Registration form and money must be post marked by October 13, 2017.
Mail completed form to 360 Marylan Ave, Bowling Green, KY 42101**

Name: _____

Gender: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Attended PAH before: Yes No

Emergency Contact: _____

Relation: _____

Phone: _____

Health Concerns/Medication: _____

Allergies: _____

Name of college you are attending: _____

Program name (if applicable): _____

Administrator or Director's name of your program (if applicable): _____

___ All Weekend (\$140) ___ Saturday Only (\$100)

Roommate Request:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Group Level you feel best represents your skill level: ___ Beginner ___ Intermediate ___ Advanced

___ Check here for vegetarian meal

___ Please understand that by not checking this box you are allowing the PAH Staff to use your name and picture for advertising purposes.

Please understand that for any returned check you will be responsible for the fees occurred.

If a refund is needed you will need to give notice **by October 16th for a full refund, or October 23rd for half refund.** After **October 23rd no refund** will be available.

Make checks payable to: PAH ASLO

If you would like to purchase a shirt at an **additional** cost, please check below. This shirt will **not** be available for purchase at the PAH weekend. Therefore, if you want this shirt, it must be preordered and paid for at the time of your registration.

_____ Check here for a short sleeve PAH t-shirt \$15.00 Size: _____

_____ Check here for a long sleeve PAH t-shirt \$20.00 Size: _____

Blue with the "I Root for ASL" on the back. The PAH 2017 logo on the front pocket.



For office use only

Paid/Amount

Cash _____

Check _____

Card _____

T-shirt Size: _____

Room Number: _____

Group: _____

Special Notes: