

NORTH COUNTRY

FOOD DAY YOUTH SUMMIT

Thursday, OCTOBER 22, 2015

REGISTRATION FORM

School Name: _____

School Mailing Address: _____

Village: _____ NY Zip: _____

YOUR TEAM

Your team should consist of 1-3 adults, and 3-7 students. We can make exceptions for special circumstances, so please call if your team will look different. (315-261-8054)

Team Leader (Adult 1)

Name: _____

Phone: _____ - _____ - _____ Email: _____

School position: _____

Additional adults (up to 2 additional adults)

Name: _____

Email: _____ Position at school _____

Name: _____

Email: _____ Position at school _____

Students: (3-7 students)

Name: _____ Grade: 9 10 11 12

Name: _____ Grade: 9 10 11 12

Name: _____ Grade: 9 10 11 12

Name: _____ Grade: 9 10 11 12

Name: _____ Grade: 9 10 11 12

Name: _____ Grade: 9 10 11 12

Name: _____ Grade: 9 10 11 12

Questions? Email info@gardenshare.org or call 315-261-8054. OR, see the website: gardenshare.org.

☐ We have also enclosed our application for a transportation and substitute stipend.

Signed: _____ Date: _____

(Team Leader)

Please mail this form along with your stipend application to: GardenShare, PO Box 516, Canton, NY 13617

OR, you may scan and email to: info@gardenshare.org.

