REGISTRATION FORM (Deadline October 8, 2015)



School Name:		
	NY Zip:	
YOUR TEAM Your team should consist of if your team will look diff	f 1-3 adults, and 3-7 students. We can make exceptions ferent. (315-261-8054)	for special circumstances, so please call
Team Leader (Adult	1)	
Name:		
	Email:	
School position:		
Additional adults (u	ıp to 2 additional adults)	
Name:		
	Position at school	
	Position at school	
Students: (3-7 students)		
,		Grade: 9 10 11 12
Questions? Email info@ga	rdenshare.org or call 315-261-8054. OR, see the websit	te: gardenshare.org.
☐ We have also enclosed	our application for a transportation and substitute stip	pend.
Signed:	(Team Leader)	Date:
Please mail this form along	(Team Leader) with your stipend application to: GardenShare, PO Bond email to: info@gardenshare.org.	

