

NORTH COUNTRY

# FOOD DAY YOUTH SUMMIT

**WEDNESDAY, OCTOBER 16, 2013**

## 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](mailto:info@gardenshare.org) or call 315-261-8054. OR, see the website: [gardenshare.org](http://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](mailto:info@gardenshare.org).

