

OFFICIAL START REGISTRATION FORM

Submit your school's representative on this form by January 27, 2008

Please retain a copy of this form for your records

Enclose check for \$25 payable to: Nichols College

• Mail this form to :
START Conference Registration
c/o Dr. Jim Fitzgerald
108 Observatory Way
Marshfield, MA 02050-4101

or Fax to:
Dr. Jim Fitzgerald
781.837.1634
(send the check by mail)

Representative Information

Name _____ Sex _____

Address _____

City _____ Zip _____

Date of Birth _____

Phone _____

Email _____

I agree to abide by all of the rules and regulations established by the officials of the START Conference. Further, I will commit myself to being a worthy representative of my school and community by contributing my best efforts towards the success of the program.

Representative Signature _____

Parent or Guardian Information

Mother or Father's name _____

Home phone _____ Business phone _____

Title/employer _____

Email _____

Alternate Information

Name _____ Sex _____

Address _____

City _____ Zip _____

Date of Birth _____

Phone _____

Email _____

I agree to abide by all of the rules and regulations established by the officials of the START Conference. Further, I will commit myself to being a worthy representative of my school and community by contributing my best efforts towards the success of the program.

Representative Signature _____

Parent or Guardian Information

Mother or Father's name _____

Home phone _____ Business phone _____

Title/employer _____

Email _____

School Information

Official School Contact Person _____

Principal _____

Phone _____ Fax _____

Email _____

- Only one FRESHMAN and one alternate per school may be selected
- Student must be able to attend for the ENTIRE conference (no exceptions)

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