

PROGRAM REGISTRATION PLAN: TENTAROO FORM

Program title: _____ District: _____

Registration begin date: _____

Registration end date: _____

Program date(s): _____

Select fields of data to collect:

Group Leader -OR- Individual Registration

Name Phone Number E-mail address

Address City State ZIP Alternate Phone

Require? Require? Require? Require? Require?

Enter alternate group contact with same fields

Enter number of participants of each type

Fee Amount Registrant Type

\$ _____ _____

\$ _____ _____

\$ _____ _____

\$ _____ _____

\$ _____ _____

Require online payment? Yes No

Select class, session, or program options:

Option 1: _____ Option 4: _____

Option 2: _____ Option 5: _____

Option 3: _____ Option 6: _____

Send registration data as a spreadsheet to: Name: _____

E-mail address: _____

Frequency & dates: _____

If additional data is required for program registration, please attach a form.

Please attach promotional flyer, brochure, and/or Leader Guide.