

**REGISTRATION FORM
MASONIC STUDENT ASSISTANCE PROGRAM**

Every effort will be made to schedule your team for the date you requested. Teams will however, be scheduled based on the date this Registration Form is received. Once the requested class is full, teams will be scheduled for the next regularly scheduled class. Once you have received confirmation, it is understood that your school's attendance is guaranteed and that your team will attend.

March 7-9, 2007

1944 E. Allen Rd. Tucson, Arizona 85719

School District Name _____ **Superintendent** _____

School's Name _____ **Principal** _____

Address _____ **City** _____ **Zip** _____

Contact Person _____ **Title** _____ **Telephone** _____

Our team members will be:

1. Name _____ **Title** _____ **E-mail** _____ **M or F**

2. Name _____ **Title** _____ **E-mail** _____ **M or F**

3. Name _____ **Title** _____ **E-mail** _____ **M or F**

4. Name _____ **Title** _____ **E-mail** _____ **M or F**

Team Two

5. Name _____ **Title** _____ **E-mail** _____ **M or F**

6. Name _____ **Title** _____ **E-mail** _____ **M or F**

7. Name _____ **Title** _____ **E-mail** _____ **M or F**

8. Name _____ **Title** _____ **E-mail** _____ **M or F**

Please return this form to:

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Arizona Masonic Foundation for Children
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