

School Registration Form

Please complete and return by December 4, 2009 to:

York County Conservation District
118 Pleasant Acres Road
York, PA 17402
Fax: (717)755-0301

School District: _____

School Name: _____

School Principal: _____

School Address: _____

School Phone: _____

School Fax: _____

Please mark your grade level:

- Middle School (6th, 7th & 8th) – 3 teams per school building* - Number of teams planned: _____
- 5th & 6th – 1-3 teams per school building* - Number of teams planned: _____

Team # or Name (if you have a name yet)	Coach Name(s)	Phone & Ext.	E-mail

Please fill out the back of this form too.

York County Envirothon 5th thru 8th 2010

Please give us your complete summer contact information so we can stay in touch with you after the school year ends:

Please give us a contact name and their mailing address for your school PTO:

Team Registration Form

Please complete and return by March 5, 2010 to:

York County Conservation District
 118 Pleasant Acres Road
 York, PA 17402
 Fax: (717)755-0301

Only One (1) Team per Form

School District: _____

School Name: _____

School Address: _____

School Phone: _____

E-mail Address: _____

Coach's Name: _____

TEAM NAME*: _____

- Please mark grade level:**
- Middle School (6th, 7th & 8th)
- 5th & 6th

1. All team members (up to six) and coach (one) receive complimentary t-shirts on the day of competition. Order these shirts in the column labeled “#”

2. Additional t-shirts (small-xlarge) may be ordered at the cost of \$5.00 each. Order additional shirts in the column labeled “# of extras”

3. Additional t-shirts (xxlarge) may be ordered at the cost of \$6.00 each. Order additional shirts in the column labeled “# of extras”

4. All additional t-shirt orders must be accompanied by a check payable to: YCCD

*Limit team names to four words or less. Each team must have their own name.

T-shirt Order Form			
Size	#	# of extras	\$ due for extras
Child Large			
Adult Small			
Adult Medium			
Adult Large			
Adult XLarge			
Adult XXLLarge			
Total			

Student Registration Form

Please complete and bring to the registration table on the day of competition.

School District: _____

School Name: _____

School Address: _____

School Phone: _____

E-mail Address: _____

PLEASE CHECK YOUR GRADE LEVEL: Middle (6th, 7th & 8th)

5th & 6th

Coach's Name: _____

Team Name: _____

Team Captain: _____

Team Members: _____
