



PA East HOBY Leadership Seminar Official Student Registration Form

PLEASE TYPE OR PRINT LEGIBLY

Mr. _____ Ms. _____
(Last Name) (First Name)

Address _____

City _____ State _____ Zip Code _____

Email _____

Phone (H) _____
(area code)

HS you will represent _____

IN CASE OF EMERGENCY CONTACT:

Parent or guardian name(s) _____

Phone _____
(area code)

SUMMARY OF SPECIAL CONSIDERATIONS

Disabilities _____

Special Dietary Needs _____

Allergies or medical conditions _____

Medications _____