

EMPOWERING ASSOCIATE REP TRAINING REGISTRATION FORM

Return This Form to:

Tammy Zimmerman- Associate Rep Chair
South River High

REGISTRATION DEADLINE: APRIL 6th, 2018

We would love to see you HERE!

Building Rep If you cannot attend PLEASE share with another member to come for a Great and Empowering Time!

*Name _____

*School _____

*(Circle One)

Associate Building Rep / Alternate / New/ B.O.D.

Home Address _____

*Contact Phone Number (required) _____

Home Email _____

** Required Fields

IMPORTANT

SIGNATURE REQUIRED BELOW

I UNDERSTAND THAT IN SIGNING UP FOR THIS EVENT I AM COMMITTING TO ATTEND ALL SESSIONS. I UNDERSTAND THAT SAAAAC MUST **PAY FOR MY MEALS IF I DO NOT SHOW UP**, Therefore, I UNDERSTAND IT IS MY RESPONSIBILITY TO REIMBURSE SAAAAC FOR COST INCURRED. (OR- I will send a SAAAAC representative in my absence).

SIGNATURE _____ DATE _____

If you have any questions or concerns, Please do not hesitate to contact TZimmerman@aacps.org , KDorsey@aacps.org or Hwilkerson@aacps.org (443-679-6211)