

Registration Form



School Name: _____

Advisors Name: _____

Schools Address: _____

Number of Students Attending: _____ x \$10.00= _____

Number of Advisors Attending: _____ x \$8.00 = _____

District Dues: _____ \$20.00

Total Amount Due: _____

2010 Officer Candidate Form

School Name: _____

Office you plan to run for: _____

Advisor's Signature

Principal's Signature

Return no later then October 12, 2009 to:

Christy Baker
Union High School
PO Box 440
Union, MO 63084

Phone: 636-583-2513 ext.1710
Email: bakerc@union.k12.mo.us