

**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. Cancellations and/or no shows cost us \$300.00 each so please provide a replacement person, if you cannot attend. REGISTRATIONS ACCEPTED AND GUARANTEED UNTIL JUNE 17, 2008 AFTER THAT IT IS ON SPACE AVAILABLE.

June 24, 25 & 26, 2008

2902 East Shea Boulevard

Shadow Mountain School

Phoenix, Arizona 85028

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:

Robert Shrager - Registration
Arizona Masonic Foundation for Children
9208 E Bellevue Street
Tucson, AZ 85715
Fax (520) 885-8332
LBOB130709@MSN.COM