

SUMMARY OF REGISTRATION

School Number _____

Please include this form with your check and registration.

Name of school _____

Address _____

City _____ Zip code _____

School Phone _____ ext. _____ School Fax _____

Best time to call at school _____

Teacher(s) name(s)	E-mail address	Home phone
_____	_____	() _____

_____	_____	() _____
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_____	_____	() _____
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_____	_____	() _____
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CALCULATION OF FEES:

1. _____ School Registration fee \$50. (if paid with RSVP, Please note we will verify) _____

2. _____ Student fees:
(# of students x \$25 each) _____

3. _____ Hospitality fees (per teacher, chaperone, bus driver, helpers:
(# of people _____ x \$20 each) _____

4. _____ Soccer participation fee (\$15 per team) _____

5. _____ Video entry fee (\$10) _____

6. _____ Teacher membership fee
(# of teachers _____ x \$15 each) _____

7. _____ \$100 Late Fee (if after deadline)
See below. _____

TOTAL FEES _____

8. # of people attending Saturday evening meal: _____

9. Please check the appropriate boxes and provide check number:
Personal Check School Check Receipt Requested Check # _____

REGISTRATION DEADLINE: MUST BE POSTMARKED BY November 17, 2009.
THERE WILL BE A \$100 LATE REGISTRATION FEE ASSESSED IF PACKET IS NOT POSTMARKED BY THIS TIME. Please make advance plans for checks, etc. No one will be allowed to compete unless all fees are paid.

Please make one check for the total fee payable to: Texas French Symposium. Please do not send individual student checks!!