

2019 Farm Science Review FIRST STEP Registration Form

PLEASE TYPE OR PRINT

School Name: _____

Teacher's Name: _____

School Address: _____
STREET (No P.O. Box PLEASE!)

Teacher's Phone: _____ **CITY STATE ZIP**
 Cell/Emergency Phone: _____

Email Address: _____

Superintendent's Name and Phone: _____

Principal's Name and Phone: _____

Person(s) supervising the youth activities at the Review: _____

Expected number of student and adult/chaperone tickets @ \$7.00/ea.: _____

Expected number of Students Attending Each Day:	_____	Adults/day:	_____
Tuesday, September 17	_____		_____
Wednesday, September 18	_____		_____
Thursday, September 19	_____		_____

Number of Buses/Vehicles: _____

**You will be invoiced for the number of admissions after the Review.
 Your admission voucher will be sent to you upon receipt of this form that must be
 presented at the FSR Ticket Booth**

Your Signature _____ **Date** _____

**DEADLINE FOR RETURN AUGUST 31, 2019 - PLEASE MAIL OR EMAIL
 Farm Science Review; 135 SR 38 NE; London OH 43140
 fsrinfo@osu.edu**

 For Office Use Only
 Voucher Sent _____ Date _____