AG-VENTURE

School Registration Form

August 11 - September 12, 2008

Dates

Fall 2008 Dates: October 22-23-24; October 27-28-29-30-31

Spring 2009 Dates: April 14-15-16-17; April 20-21-22-23, April 27-28-29-30

Preference: 1st choice _____; 2nd choice _____; 3rd choice _____

Cost is $2 per student; No fee for adults

Register On-line: www.ag-venture.com

Mail to: Hillsborough County Extension
5339 S. County Rd. 579 Seffner, FL 33584

School: _____ Phone: _____ Fax: _____

Address: _____School Mail Route: _____

City/ Zip: _____

Principal: _____ Gender ____ Race _____Email address: _____

Assistant Principal: _____ Gender ____ Race _____Email address: _____

List any special needs: _____

Teacher & Email address	**Teacher Gender**	**Teacher Race**	**Student Gender**		**Student Race**						**Total Students**
			M	F	White	Black	Hispanic	AmerNative	Asian	Other	
EX: Judi Morgan	*F*	*B*	10	13	12	8	3				23
Judi.Morgan@sdhc.k12.fl.us											
EX: John Moore											
John.Moore@sdhc.k12.fl.us	*M*	*W*	8	6	6	4	2			2	14
School Totals for each Student column			18	19	18	12	5			2	**37**
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
School Totals for each Student column											