www.euro-challenge.org

2009 SCHOOL REGISTRATION

DEADLINE: JANUARY 31, 2009

(Please Print Clearly and Fill out All Fields)

REGISTRATION FORM		
FACULTY ADVISOR INFORMATION		
Faculty Advisor's Name (First Last MI): ☐ Dr. ☐ Mr. ☐Ms.		
Mailing address:		
City:	State:	ZIP Code:
Phone: ( ) ext.	Cell: ( )	E-mail:
SCHOOL INFORMATION		
School:		
School address:		
City:	State:	ZIP Code:
School Phone:	School Fax:	
Principal's Name: ☐ Dr. ☐ Mr. ☐Ms.		
Principal Phone: ( ) ext.	E-mail	
Department Chair/AP's Name: ☐ Dr. ☐ Mr. ☐Ms.		
Department: ☐ Social Studies ☐ Business ☐ Other_____		
Chair's/AP's Phone: ( ) ext.	E-mail	
ADDITIONAL TEACHERS		
Name (First Last MI): ☐ Dr. ☐ Mr. ☐Ms.		Department:
Name (First Last MI): ☐ Dr. ☐ Mr. ☐Ms.		Department:
Name (First Last MI): ☐ Dr. ☐ Mr. ☐Ms.		Department:
Name (First Last MI): ☐ Dr. ☐ Mr. ☐Ms.		Department:
SIGNATURES		
The Faculty Advisor, School Principal and Department Chair/Assistant Principal have read the eligibility requirements and agree to all of the following: 1. Enter one (1) team of three (3) to five (5) students. 2. Participate in the competition events in late April to early May 2008 (student teams must be accompanied by faculty Advisor). 3. Attend the Euro Challenge Awards and Recognition Reception on the evening of Championship Round (teams that qualify for the finals and their faculty advisor). 4. Submit administrative forms including but not limited to: Media Release Forms and trip consent forms.		
Signature of Faculty Advisor:		Date:
Signature of Principal:		Date:
Signature of Department Chair/AP:		Date:

Please Return the Form by mail, fax or email to:
Delegation of the European Commission
Attn: Euro Challenge
2300 M Street, NW, 3rd Floor
Washington, DC 20037
Fax: (202) 429-1766
Email: delegation-usa-eurochallenge@ec.europa.eu