



**SATURDAYS@SAM
REGISTRATION FORM**

Please Print:

Name: _____

Street: _____ **City:** _____ **State:** ____ **Zip:** _____

(Required)

Email: _____ **School Attending** _____

Phone: _____ **Intended Major:** _____

Number of Extra Guests (not including yourself) _____

Classification:

- | | |
|---|--|
| <input type="checkbox"/> HS Freshman | <input type="checkbox"/> HS Sophomore |
| <input type="checkbox"/> HS Junior | <input type="checkbox"/> HS Senior |
| <input type="checkbox"/> College Trans | <input type="checkbox"/> Other |