



MASTER REGISTRATION LIST

2017 OASC Fall Conference

****Please have this form COMPLETED with you at registration
with your SIGNED participant commitment forms!
Thanks!**



School _____

Adviser Responsible _____

Adviser Emergency Cell # _____

Students:

1. _____ 11. _____

2. _____ 12. _____

3. _____ 13. _____

4. _____ 14. _____

5. _____ 15. _____

6. _____ 16. _____

7. _____ 17. _____

8. _____ 18. _____

9. _____ 19. _____

10. _____ 20. _____

We are staying at: _____ Beach House (address): _____

_____ Hotel (name): _____

_____ Other: _____

Any special notes or emergency procedures we need to know about any of the above students: