

2010 HOBY REGISTRATION WORKSHEET

Instructions for School Personnel to Register a Student:

1. DO NOT SEND THIS FORM TO HOBY.
2. Please remove the HOBY school ID and password provided below and store it in a safe place.
3. Have your selected HOBY Ambassador and Alternate complete the entire Student Information section.
4. Visit **www.hoby.org** and click on the link to register a student online.
5. Enter the HOBY school ID and password, then enter all the information on this form online.
6. Payment instructions will be provided once the student's registration has been submitted online.
7. A confirmation message will be emailed once payment has been received by HOBY.

Please keep your HOBY school ID & password **confidential**. Only authorized school personnel (NOT students) should access online registration.

School Name: _____

HOBY School ID: _____

Password: _____

Site Code: _____

Student Information *(Please PRINT clearly or type)*

Male/ Female _____
First Middle Last

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Home Phone: () _____

Email: _____
Please provide to receive pre-seminar materials and confirmation of acceptance

Date of Birth: ___/___/___ Preferred Name: _____

T-shirt Size: S M L XL XXL XXXL
For nametag

Ethnicity *(for statistical purpose only)*: African American
 Asian Caucasian Latino Middle Eastern
 Pacific Islander Native American Other

I understand I must be able to attend the assigned seminar for the entire weekend, including overnight.

Please keep me off the list to receive outstanding offers from HOBY approved scholarships, affiliates, partners, and companies.

Mother or Guardian's Name: _____

Phone: (H) () _____ (W) () _____

Cell: () _____ Email: _____

Title/Employer: _____

Father or Guardian's Name: _____

Phone: (H) () _____ (W) () _____

Cell: () _____ Email: _____

Title/Employer: _____

Alternate Student Information *In the event the originally selected student is unable to attend*

Male/ Female _____
First Middle Last

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Home Phone: () _____

Email: _____
Please provide to receive pre-seminar materials and confirmation of acceptance

Date of Birth: ___/___/___ Preferred Name: _____

T-shirt Size: S M L XL XXL XXXL
For nametag

Ethnicity *(for statistical purpose only)*: African American
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Mother or Guardian's Name: _____

Phone: (H) () _____ (W) () _____

Cell: () _____ Email: _____

Title/Employer: _____

Father or Guardian's Name: _____

Phone: (H) () _____ (W) () _____

Cell: () _____ Email: _____

Title/Employer: _____

High School Information High School Name: _____ School District: _____

Address: _____ Website: _____ School County: _____

Contact Person/Title: _____ Principal Name: _____

Contact Email: _____ Principal E-mail: _____

Contact Phone: () _____ Ext. _____ School Phone: () _____ Fax: () _____

Local Newspaper: _____ Newspaper Email/Website: _____

All registrations must be submitted online at www.hoby.org.
Paper registrations will not be accepted. Please do not fax or mail this form to HOBY.