



ARKANSAS ELECTRIC VEHICLE RALLY

Registration Form

System _____ School _____

Advisor's Name _____

Address (School) _____ E-mail _____

Phone (School) _____ Phone (Home) _____

Number of Vehicles : _____

Participants

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Teacher: _____ Chaperone: _____

Chaperone: _____ Chaperone: _____

(Bring a male chaperone for male students and a female chaperone for female students. Ratio for chaperones is 1:10.)

REGISTRATION SUMMARY FOR YOUR GROUP

*Participant Registration per person covers Friday Lunch.

(Include Students, Teachers, and Chaperones in total count of participants.)

Please e-mail to: Rob Roedel at roedel@aeci.com.

For Office Use Only

Date ____ / ____ / ____

From _____