



Please stick a photograph of the participating student **without fail!**

# TREP\$ REGISTRATION FORM

Please return this form filled in by Thursday, 19<sup>th</sup> January 2012.  
(Please fill in the form completely with **CAPITAL LETTERS ONLY** excluding the email address – **ALL INFORMATION NEEDS TO BE PROVIDED PLEASE**)

Student Name \_\_\_\_\_ Gender (Male/Female) Grade/Class \_\_\_\_\_  
School Name \_\_\_\_\_ School Telephone # \_\_\_\_\_  
House Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Parent Name \_\_\_\_\_  
Mobile # \_\_\_\_\_

**Please mention your suitable timing for the weekly workshop for your child (we will see the majority and also our feasibility in deciding about the timings – we will be able to form an independent batch of your school students “only if” the required number of registered students reaches around 30 students)**

**NOTE: THE DAY & TIME FOR THE WORKSHOPS ONCE SELECTED WILL NOT BE CHANGED!!!**

**Day:** \_\_\_\_\_ (Wednesday/Thursday) (Please select your day referring to the info given below)

**Time:** \_\_\_\_\_ (Please mention your suitable time here from that given below)

**Boys Batch:** Wednesday (4:00pm to 5:30pm) **OR** Thursday (6:00pm to 7:30pm)

**Girls Batch:** Thursday (10:00am to 11:30am) **OR** 12:00noon to 1:30pm)

**SPECIAL BATCH:** Wednesday (6:00pm to 7:30pm) for brothers & sisters enrolling together

**Please check the following**

**Volunteerism:** Are you as a parent available to help with this program? Check all that apply.

Parent Volunteer’s Name: \_\_\_\_\_

- Marketplace (helping the night or day of the Marketplace itself)
- Workshop (helping at one or more of the Workshops)
- Small Business Mentor (parents with small business experience provide business feedback to children at Workshop III)
- Public Relations/Marketplace Advertising (handing out fliers, posting signs)

**Photographic Release:**

- I give permission for photographs of my child to be used in press releases and all forms of media for advertising and marketplace promotion to PSSO.

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For PSSO Office Use Only:**

**Receipt Voucher #** \_\_\_\_\_, **Dated:** \_\_\_\_\_, **Batch day:** (Wednesday/Thursday), **Time:** \_\_\_\_\_ (am/pm)