



PLAY-A-THON STUDIO REGISTRATION

Teacher's Name _____ Date _____
 Phone _____ E-mail _____

Check your preferred day and fill in your preferred time slot. Complete three choices in order of preference (✓ preferred day, fill in preferred time slot).

	✓	DAY	✓	DAY	TIME SLOT

Check this box if you require two separate time slots on EITHER OR BOTH Sat. and Sun.
 Please explain this request _____

Check your choice of venue. Venues at the Lehigh Valley Mall will be assigned on a first come, first served basis. Main Event Site Elevator Site Boscov's – 2nd Floor

Please use additional forms if necessary. Use a separate form for "orphans".

NO.	STUDENT'S NAME
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