

freshwood 2011 STUDENT COMPETITION



School Registration Form

Please submit only one form per school.

(Please write legibly.) School Name:		
Department/Program:		
Department/Program Chair:		
Instructor:		
Address:		
City:	State:	Zip:
Primary phone (incl. area code):	Alt Phone (incl. area code):	
E-mail:		
Accreditation Information:		
Accrediting Organization:		
Date of Accreditation (Renewal):		
Please check boxes below if you would like conquantity (Note: entry forms can also be accessed		•
☐ Student Entry Forms and Rules for distribution	on to students	_(quantity)
Posters (quantity)		
To whose attention should the materials be add	dressed?	
**AWFS® and a sponsor company <i>may</i> have the in the competition. Please indicate here any tool/n so that we can identify appropriate prizes:	machine/equipment/s	upply needs that your program has

Note: Instructor must also complete the <u>Instructor Release/Permission to Publish</u> form at time of school registration.

Mail or Fax completed forms to:

AWFS[®], Attn: Fresh Wood 500 Citadel Drive Ste 200, Commerce, CA 90040 FAX: (323) 838-9443

For further information call: (800) 946-2937 or email: adria@awfs.org





