

2014 HOBY REGISTRATION WORKSHEET

Instructions for School Personnel to Register a Student:

1. DO NOT SEND THIS FORM TO HOBY.
2. Have your selected Ambassador/Primary Student and Alternate Student complete their sections of this form.
3. Visit **www.hoby.org** and click on the link to register a student online.
4. Enter the HOBY school ID and password, then enter all the information on this form online.

Payment instructions will be provided once the registration has been submitted.

A confirmation message will be emailed to the counselor and student once payment has been processed.

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.

Primary Student Information (PRINT clearly or type)

Male / Female _____
First Middle Last Suffix

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Home Phone: () _____

Cell Phone: () _____
 I would like to opt out of receiving text messages from HOBY.

Email: _____
Please provide to receive confirmation of acceptance and additional seminar information

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

T-shirt Size: S M L XL XXL XXXL

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.

Parent 1 or Mother's Name: _____

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

Cell: () _____ Email: _____

Title/Employer: _____

Parent 2 or Father'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 Suffix

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Home Phone: () _____

Cell Phone: () _____
 I would like to opt out of receiving text messages from HOBY.

Email: _____
Please provide to receive confirmation of acceptance and additional seminar information

Date of Birth: ___/___/___ Preferred Name: _____
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T-shirt Size: S M L XL XXL XXXL

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Parent 1 or Mother's Name: _____

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

Cell: () _____ Email: _____

Title/Employer: _____

Parent 2 or Father's Name: _____

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

Cell: () _____ Email: _____

Title/Employer: _____

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

Complete Mailing Address: _____ School County: _____

Contact Name/Title: _____ Principal Name: _____

Contact Email: _____ Principal E-mail: _____

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

Local Newspaper: _____ Newspaper Email/Website: _____