



Leadership • Mentoring • Sportsmanship • Drug Prevention • Hazing Awareness

## 2019-20 AIM Higher Student Workshop Registration Form Sponsored By Montana Army National Guard

Please check one of the workshop locations you will be attending:

- Tuesday, September 24, 2019      Glacier High School, Kalispell
- Wednesday, October 9, 2019      Best Western Grant Creek Inn, Missoula
- Wednesday, November 6, 2019      Butte High School Commons, Butte
- Wednesday, December 11, 2019      Great Falls College - MSU
- Wednesday, January 29, 2020      Hampton Inn, Billings

Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_ Classification \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Your registration includes a folder with resource materials, a t-shirt and lunch. The workshops will be limited to eight students per school and will be on a first come first served basis (If space allows, a maximum of four (4) more students may attend if approved by the MHSA office at least 3 weeks before the workshop date). Please submit your registration for a specific workshop now or at least 2 weeks prior to the specific workshop date.

There is a \$10 fee per student participant and per advisor. Because of our pre-workshop financial obligations, your school will be charged for the number of participants you register from your school. Approximately two days before the date of the workshop, you will receive a memo confirming your school will be attending the workshop, the student workshop schedule, an invoice for the number of attendees, and a group list for the workshop. Please bring a check or purchase order made out to MHSA with you the day of the workshop. Please note registration is between 7:45 a.m. and 7:55 a.m. with the workshop commencing at 8:00 a.m. sharp. The session will conclude between 2:35 p.m. and 2:45 p.m.

Students must be accompanied and supervised throughout the day by at least one advisor. (*One advisor is required for every eight students attending the workshop.*)

Return the completed form to the MHSA, 1 South Dakota Avenue, Helena, MT 59601, or fax it to 406-442-8250.

**One advisor is required for every eight students attending the workshop.**

**Adult Leader(s) and title (the actual person(s) attending the workshop):**

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**Students**

**Grade**

- |          |             |
|----------|-------------|
| 1. _____ | Grade _____ |
| 2. _____ | Grade _____ |
| 3. _____ | Grade _____ |
| 4. _____ | Grade _____ |
| 5. _____ | Grade _____ |
| 6. _____ | Grade _____ |
| 7. _____ | Grade _____ |
| 8. _____ | Grade _____ |

**To be approved by MHSA**

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|----------|-------------|
| *. _____ | Grade _____ |
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