

Georgia Envirothon Team Registration Form

Deadline: January 15

School/Program: _____

Team Advisor: _____

School/Program Address: _____

Town/Zip: _____

Contact #: _____ Cell # (Day of Event) _____

Advisor Email: _____

Does your team plan to stay overnight on March 11? ____Yes ____No
In the table below, please fill out names of team participants.

Team Name _____

Team Name _____

1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
Adv #1:			
Adv #2:			

Mail all forms to:

Georgia Envirothon
Attn: Jennifer Standridge
4310 Lexington Road

Athens, GA 30605