FASC Kickoff Conference - Registration Form

Registration Information Sheet (Please mail this form with payment to St. Petersburg High School)

School Name: _____

Address: _____ District # _____

Advisor's Name: _____Phone: (____)_____

Contact E-mail: _____

FASC Member Schools:

Number of Students: _____ X $125 both days =_____ OR _____X $110.00 Saturday = _____

Number of Advisors: _____ X $125 both days =_____ OR _____X $110.00 Saturday = _____

Number of Administrators: __X $125 both days =_____ OR _____X $110.00 Saturday = _____

Non-FASC Member Schools:

Number of Students: _____X $150 both days =_____ OR _____X $135.00 Saturday = _____

Number of Adults: _____X $150 both days =_____ OR _____X $135.00 Saturday = _____

Number of Administrators: ____ X $150 both days = ____ OR _____X $135.00 Saturday = _____

Total Amount Due…….. _____

Shirt Size Totals (include students and adults): S _____ M _____ L _____ XL _____ 2X _____ 3X _____

Special Dietary Needs: Please list delegate name and needs:

_____

_____

_____

Registrations *and* payment must be POSTMARKED by Friday, October 16, 2026

Checks and Registration Forms should be mailed to:

FASC Kickoff Conference
St. Petersburg High School
2501 5th Ave N

St. Petersburg, FL 33713
Attn: Student Government, Linda Santiago