

FOR REGISTRATION ASSISTANCE CONTACT:

Ph: 888.469.3446 x713
Fax: 866.814.0540
Email: Info@TeachLikeARockStar.com

ROCK ENROLL FAX FORM



Please Note: All of our *TEACH LIKE A ROCK STAR* events fill up quickly, and most sell out. To reserve seating immediately, please register online at www.TeachLikeARockstar.com. To register by fax, complete this registration form and fax it to 866.814.0540.

EVENT DATE

EVENT CITY

SCHOOL INFORMATION

DISTRICT:	
SCHOOL/ORGANIZATION NAME:	
ADMINISTRATOR CONTACT:	
ADMINISTRATOR EMAIL:	

BILLING INFORMATION

PLEASE COMPLETE EVEN IF SAME AS SCHOOL INFORMATION ABOVE

BILLING CONTACT:	
BILL TO ORGANIZATION:	
BILLING PHONE:	
BILLING FAX:	
BILLING ADDRESS:	
BILLING CITY, ST, ZIPCODE:	

PAYMENT INFORMATION

AMOUNT:	\$189.00	X	TOTAL # OF PARTICIPANTS →		= TOTAL →	\$
PAYMENT METHOD: <small>CIRCLE ONE</small>	PURCHASE ORDER SCHOOL/DISTRICT CHECK MONEY ORDER/CASHIER'S CHECK CASH ON DAY OF EVENT					
P.O. NUMBER:						

PLEASE MAKE CHECK PAYABLE TO:

HAL BOWMAN, INC.

PLEASE REMIT PAYMENT TO:

851 AZALEA STREET | HOUSTON, TEXAS 77018

HOW DID YOU HEAR ABOUT US?

- EMAIL
- WEBSITE
- POSTCARD
- FACEBOOK
- FRIEND
- LETTER
- OTHER: _____

SCHOOL OR ORGANIZATION:	
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EVENT CITY AND DATE:	
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PARTICIPANT #1 INFORMATION

NAME:	
PHONE:	
EMAIL:	

PARTICIPANT #2 INFORMATION

NAME:	
PHONE:	
EMAIL:	

PARTICIPANT #3 INFORMATION

NAME:	
PHONE:	
EMAIL:	

PARTICIPANT #4 INFORMATION

NAME:	
PHONE:	
EMAIL:	

PARTICIPANT #5 INFORMATION

NAME:	
PHONE:	
EMAIL:	

PARTICIPANT #6 INFORMATION

NAME:	
PHONE:	
EMAIL:	

PARTICIPANT #7 INFORMATION

NAME:	
PHONE:	
EMAIL:	

SCHOOL OR ORGANIZATION:	
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EVENT CITY AND DATE:	
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PARTICIPANT #8 INFORMATION

NAME:	
PHONE:	
EMAIL:	

PARTICIPANT #9 INFORMATION

NAME:	
PHONE:	
EMAIL:	

PARTICIPANT #10 INFORMATION

NAME:	
PHONE:	
EMAIL:	

PARTICIPANT #11 INFORMATION

NAME:	
PHONE:	
EMAIL:	

PARTICIPANT #12 INFORMATION

NAME:	
PHONE:	
EMAIL:	

PARTICIPANT #13 INFORMATION

NAME:	
PHONE:	
EMAIL:	

PARTICIPANT #14 INFORMATION

NAME:	
PHONE:	
EMAIL:	