



**Masonic Student Assistance Program  
Registration Form  
For 2006-2007 School Year  
Workshop Dates:**

**October 24-26, 2006  
Jan 30-Feb 2, 2007**

**December 5-7, 2006  
March 27-29, 2007**

**Registration Form**

**Date Today:** \_\_\_\_\_

**Total Number for Registration:** \_\_\_\_\_ **Workshop date (from above):** \_\_\_\_\_

**County:** \_\_\_\_\_

**School District Name:** \_\_\_\_\_

**School District Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**School Building Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School Telephone Number:** \_\_\_\_\_ **School Fax Number:** \_\_\_\_\_

**School Principal's Name:** \_\_\_\_\_

**School Contact Name/ Title** \_\_\_\_\_ **e-mail address** \_\_\_\_\_

**Names of Participants:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Local Newspaper and where published** \_\_\_\_\_

**Masonic Student Assistance Training  
Tim McMullin, State Chairman  
110 West Edward Street  
Endicott NY 13760-4770  
Call or fax (888) 694-0511  
MSAT@nymasons.org**