

**Complete this registration form and return to:**

Grambling State University  
 Office of Admissions & Recruitment  
 403 Main Street/ Box 4200 Grambling, LA 71245



For additional information or questions contact:  
 Office of Admissions & Recruitment  
 Contact Information: (318)274-6183 or Email: [highschoolday@gram.edu](mailto:highschoolday@gram.edu)

Name of Individual or Organization: \_\_\_\_\_

Name of Lead Chaperone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Personal \_\_\_\_\_

E-mail: \_\_\_\_\_

Number of Students Registering: _____	Total:	Total Paid:	Total Due:
Number of T-Shirts: S____ M____ L____ XL____ 2XL____ 3XL____ 4XL____			
Number of Chaperones: _____			
<i>(Chaperones must pay in order to receive t-shirt, meal and game ticket)</i>			
Number of T-Shirts: S____ M____ L____ XL____ 2XL____ 3XL____ 4XL____			

**\*FOR OFFICE USE ONLY\***

DATE RECEIVED:		
METHOD OF PAYMENT – CASH, CHECK, MONEY ORDER		
TOTAL PAID:		
SIGNATURE:		
Total # of T-Shirts and Meal Tickets to be received:		Date packaged/by:

**NO REFUNDS FOR PAYMENTS!**