

HOSA FLDA
CAMP KULAQUA INTENT FORM
November 16 – 18, 2018
2018-2019

SCHOOL: _____

ADVISOR'S NAME: _____

ADVISOR'S EMPLOYEE NUMBER: _____

PAID REGISTRATION BY:

SCHOOL: YES _____ NO _____

ADVISOR*: YES _____ NO _____

(send copy of the cancelled check front and back in order to be
reimbursed)

HOW MANY STUDENTS: _____

ADVISOR'S SIGNATURE: _____

PRINCIPAL'S SIGNATURE: _____