

**TASN 2023 Summer Managers Academy
Registration Form**

You must attach a letter of recommendation with your form.

Name: _____ Member #: _____

District: _____ Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Best Number to Reach You: _____

Allergies: _____ E-mail: _____

I will be attending:

<input type="checkbox"/> July 10 – July 13, 2023 Host: Klein ISD 7500 FM 2920 Spring, Tx 77379	<input type="checkbox"/> July 17 – July 20, 2023 Host: Red Oak ISD 109 W. Red Oak Rd. Red Oak, Tx 75154	<input type="checkbox"/> July 24 – July 27, 2023 Host: Texarkana ISD 1600 Waterall St Texarkana, Tx, 75503
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Registration Deadline: May 31, 2023

Registration Information: Fee: \$420.00 per student

*A minimum of 20 attendees must be registered (maximum 35 attendees)

*You must be a current TASN member

MAIL: Registration form and check or Purchase Order to:
Texas Association for School Nutrition
5910 Courtyard Drive # 230
Austin, TX 78731

FAX: Registration form with credit card info to: (512) 371-0125

LIABILITY & INDEMNIFICATION AGREEMENT: Each form must be signed before registration can be processed. I request that you accept me as a participant at the TASN 2023 Summer Managers Academy, based on the selection selected above, that will be held at either Klein Food Service 7500 FM 2920, Spring, Tx 77379 or Red Oak ISD ESC 109 W. Red Oak Rd, Red Oak, TX 75154. I understand there is some risk inherent in traveling to and from and as a result of attending the academy. The undersigned hereby releases TASN and the committees, members, officers, employees and directors from all liability for injury, death and property damage that may be suffered in connection with such activities, whether due to negligence or otherwise, accepting such risks involved and waiving all rights of any kind that might otherwise arise. The undersigned agrees to indemnify TASN, its committees, members, officers, employees and directors against all judgments obtained and against the cost of defense of such claims, including reasonable attorney's fees.

PHOTO RELEASE: I grant TASN, its representatives, and employees the right to take photographs of me and my property. I authorize TASN to copyright, use and publish the same in print and/or electronically. I agree that TASN may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, social networking, and web content.

Signature: _____ Date: _____

Payment Information:

Discover __ Visa __ MasterCard __ Amex __ Credit Card or Check # _____

Expiration Date _____ Billing Address: _____ Billing Zip Code _____

Name on Card _____