

REGISTRATION FORM

Please submit the **Signed Waiver** with this Registration Form to register your school!

SCHOOL NAME: _____

SCHOOL'S ADDRESS: _____

SCHOOL'S PHONE #: _____ FAX #: _____

PROGRAM COORDINATOR'S NAME: _____

PROGRAM COORDINATOR'S
RELATION TO SCHOOL/ORGANIZATION: _____

PROGRAM COORDINATOR'S PHONE #: _____

PROGRAM COORDINATOR'S E-MAIL ADDRESS: _____

SCHOOL ORGANIZATION(S) PARTICIPATING (Please list all organizations participating):

_____ We are interested in a Mascot Appearance at our school. As always, there is no charge for a visit from PATCHES. Please submit Mascot Appearance Request Form (page 9).

**PLEASE E-MAIL, FAX, OR MAIL TO THE TAXSLAYER GATOR BOWL OFFICE OR REGISTER
ONLINE AT WWW.TAXSLAYERGATORBOWL.COM**

**TaxSlayer Gator Bowl
Attn: School Fundraising Program
One Gator Bowl Blvd.
Jacksonville, FL 32202
Email: caseyw@taxslayergatorbowl.com**

TAXSLAYER GATOR BOWL SCHOOL FUNDRAISING PROGRAM

WAIVER

PLEASE NOTE: This form must be **signed and returned** to the TaxSlayer Gator Bowl office. Once the TaxSlayer Gator Bowl office receives the completed **Registration Form (page 6)** and this **Signed Waiver (page 7)**, your school is officially registered to participate in this fundraising program!

Please review the following and complete the portion below:

- Only 2,500 seats have been reserved for this exclusive program
- I understand the deadline to purchase School Fundraising Program tickets is November 30th at 5pm. The TaxSlayer Gator Bowl will not fulfill school program ticket orders after this date.
- I understand that any organization participating in the TaxSlayer Gator Bowl School Fundraising Program is **prohibited** from selling tickets to brokers. The TaxSlayer Gator Bowl reserves the right *at their sole discretion* to review and/or reject any ticket sales from an organization that they believe has participated in the sale of tickets to brokers and any ticket sales outlets.

I, _____ (First and Last name),
have read and agree to adhere to these responsibilities as the Program Coordinator
at _____ (School).

Signature: _____ Date: _____

Please send via email, fax, or mail to:
TaxSlayer Gator Bowl
Attn: School Fundraising Program
One Gator Bowl Blvd.
Jacksonville, FL 32202
Email: caseyw@taxslayergatorbowl.com