

## Cle Elum Test Site Registration Form

May 6 & 7, 2008

9 AM. – 1:30 PM

<b>Testing Facility Location:</b> Cle Elum Community Church 201 East Third St. Cle Elum, WA	
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**Please Provide Contact Information:** *(print clearly)*

Parents	
Address	
City & Zip	
Phone	
E-mail <small>(use only for contact by Test Coordinator)</small>	
Emergency Contact Name	
Emergency Contact Phone	

**Children:** *(List last name only if different from the parent's name)*

Name	Test Level

**No. of tests and price totals per grade:**

Grade	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
	\$38 ea	\$38 ea	\$36ea	\$36ea	\$36ea	\$36ea	\$36ea	\$36ea	\$36ea	\$36ea	\$36ea
<b>Number of Tests</b>											
<b>Grade Total Price</b>											

No Registrations will be taken after April 25.

**Send check\* or money order with your test registration form to:**

Total
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<b>Coral Fife</b> <b>P.O. Box 713,</b> <b>Roslyn, WA. 98941</b> <b>509-649-3661</b> <b>ddclfife@inlandnet.com</b>
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\* \$30 Bank Charge for Returned Checks and must be paid before test results are sent.

**Yes, I have read the Testing Day Instructions**