

Tacoma Test Site Registration Form

May 27 & 28, 2009

9 AM. – 1:30 PM

Testing Facility Location: Evangelical Reformed Church 7435 S. Madison Tacoma, 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
	\$45 ea	\$45 ea	\$40ea	\$40ea	\$40ea	\$40ea	\$40ea	\$40ea	\$40ea	\$40ea	\$40ea
Number of Tests											
Grade Total Price											

Registration must be paid by May 15. Price is \$60 (grade 2-3) & \$55 (grade 4-12) if received after May 15.

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

Total*	<input type="checkbox"/> Yes, I have read the Testing Day Instructions	Sarah McInnis 7 West Road Tacoma, WA 98406 253-759-4512 mcinnis@harbournet.com
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* \$30 Bank Charge for Returned Checks. Test results will not be sent until this is paid.