

**TASN 2024 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"/> <b>July 8 – July 11, 2024</b> Host: <b>Klein ISD</b> 7500 FM 2920 Rd. Klein, TX 77379	<input type="checkbox"/> <b>July 15 – July 18, 2024</b> Host: <b>Gregory-Portland ISD</b> 200 Fulton Place Portland, TX 78374	<input type="checkbox"/> <b>July 29 – August 1, 2024</b> Host: <b>Eagle Mountain-Saginaw ISD</b> 1600 Mustang Rock Road Fort Worth, TX 76179
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**Registration Deadline: May 31, 2024**

**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 2024 Summer Managers Academy, based on the selection selected above, that will be held at either Klein ISD 7500 FM 2920, Spring, Tx 77379, Gregory-Portland ISD 200 Fulton Place, Portland, TX 78374, or Eagle Mountain-Saginaw ISD 1600 Mustang Rock Road, Fort Worth, TX 76179. 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 \_\_\_\_\_