



Safe Schools Coalition Conference Registration Form

*Please email registration form to syoung@msaclu.org

Or fax to (601) 355-6465 attn: Sarah, or mail to Safe Schools Coalition, P.O. Box 2242, Jackson MS 39225

Name: _____

Address: _____

City: _____ Zipcode _____

Phone Number: _____ Facebook: _____

Email Address: _____

Which best describes you?

I am a high school/middle school student (School:_____)

I am a college student (College: _____)

I am a teacher or professor (School: _____)

I am a parent of someone in college or high school (School:_____)

I am a community ally

I will need lodging: Please check one or both

Friday, October 10

Saturday, October 11

Meal Preference

Vegetarian

Kosher/Halal

Vegan

No Preference

Emergency Contact Information

1. Name: _____

Phone Number: _____ Relationship: _____