

Pine Creek HOSA Registration Form 2020-2021

Name _____ Dues are \$30: _____
Address: _____ TBD via Colorado HOSA website
City: _____ State: CO Zip: _____
Grade: _____ T-Shirt Size: S M L XL XXL
Food Allergies or Special Needs: _____
(Ex. Vegan, no nuts)
Cell Phone: _____ E-mail: _____
Parents (or Guardian) Names: _____

Photo Consent:

I hereby grant permission to Pine Creek HOSA to use photographs and/or video of me taken during the year for publications, news releases, online, Instagram, and in other communications related to the mission of HOSA.

(Signature of Adult, or Guardian of Children under age 18)

Possible Careers Interested In:

Competition Events Interested In:

(See website www.HOSA.org for info. Pull down top menu Competition →Guidelines)

Health Science	
Health Professions	
Leadership Events	
Teamwork Events	
Emergency Preparedness	

Email this COMPLETED form (not necessary for Competitive Events section) to Kelly.newcomb@asd20.org