

TEAM E.C.C.O., Inc.

“making education an adventure”



1217 Forest Hill Drive

Hendersonville, NC 28791

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TEAM ECCO REGISTRATION FORM TRIP DATES: _____

NAME: _____ SEX: M / F DOB: _____

School: _____ Grade: _____

PARENT(S) / GUARDIAN(S): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ EMAIL: _____

Emergency contact _____ phone _____

Please check the following **YES or NO**

I have: asthma	_____	_____
high blood pressure	_____	_____
heart disease	_____	_____
hearing impairment	_____	_____
physical disability	_____	_____

what

I have had the following surgeries _____ date _____

_____ date _____

I take daily medication circle one YES NO

If YES, for what _____

TEAM ECCO is a non profit registered with the US IRS under 501 (c) 3 status. Check with your advisor for donation allowances.

I understand by signing this registration, that all fees MUST be received before the date of trip. Also, if registrant cancels less than 30 days prior to departure, without agreement from TEAM ECCO, all money is forfeited to and /or may be collected by TEAM ECCO. If the program is postponed by TEAM ECCO for personnel or event issues, and registrant cannot make the changed date, refund will be returned within 30 days of final trip date. If trip is cancelled for lack of participants, refunds will be made within 30 days of cancellation, amount based upon fees incurred.

guardian/parent signature

dated

MAIL TO

TEAM ECCO 1217 FOREST HILL DRIVE HENDERSONVILLE NC 28791

Check for fees must be included with registration.

Fees are stated with event description.