

**Town of Highlands Community Coalition
WELLNESS CONFERENCE REGISTRATION
SATURDAY, APRIL 22, 2023 HFIS 9A -2:30P**

Email: _____

School District: _____

Full Names of Students Attending:	Grade	Shirt Size
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Full Name of anyone else attending from your family	Shirt Size
1. _____	_____
2. _____	_____

Return to: The Center of Highland Falls
By mail: Post Office Box 197
264 Main Street
Highland Falls, New York 10928-0197
By Email: thecenterathighlandfalls@aol.com