High School Floral Certification Registration



THIS FORM MUST BE FILLED OUT COMPLETELY!

(Forward to the TSFA office prior April 17, 2014) If received after APRIL 17, 2014 the registration will NOT be accepted for the April 17, 2014.

STUDENTS MUST BRING FLORAL TOOLS & #2 PENCILS TO TESTING *TEACHERS MUCH CHECK IN NO LATER THEN 8:30AM ON THE DAY OF TESTING*

Testing Fee Per Student: \$100.00 **TESTING DATE & LOCATION:**

April 26, 2014 - 9:00am **Skyline High School** 7777 Forney Rd.

		Dallas, Texas 75227		
SCHOOL NAME & ISD:				
SCHOOL ADRESS:				
CITY:		STATE:	ZIP:	
TEACHER NAME:				
TEACHER EMAIL:				
TEACHER PHONE:		CELL:	_	
•If total number of students surpa	sses 15 (allowed space	on form) please provide addi	tional registration form•	
If your student is a SCHOI	LARSHIP RECIPIENT	T, check YES.		
If your student is NOT and	d scholarship recipi	ient, check PAYMENT EN	ICLOSED.	
STUDENT N	NAME	SCHOLARSHIP -YES	Payment Enclosed	
1				
2				
3				
4				
5 6				
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9				
10				
11				
12				
13				
14				
		TOTAL ^a	\$	
CKS PAYABLE:	CC TVDT -			
s State Florists Association		CC TYPE: □VISA □MC □AmEx □Discover		
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in, TX 78717		EXP:/CODE:ZIP:		
12-834-0361	SIGNATURE:_			
2-834-2150				