



Students Challenge ALS Event Registration Form

ABOUT YOU

First Name _____ Last Name _____

School Name _____

Grade _____ Phone Number _____

Email Address _____

How did you hear about Students Challenge ALS? _____

What inspired you to be involved? _____

ABOUT YOUR EVENT

Event Name _____

Event Type _____ Event Date _____

Event Location (Venue) _____

City _____ State _____ Fundraising Goal \$ _____

Brief description of the event _____

Is there any specific way that we can help you with your event? _____

Questions? Please contact:
Vivian Jung vjung@als-ny.org
212-619-1400