

**HEALTH OCCUPATIONS STUDENTS OF AMERICA
(HOSA)**

**District 1 & 2 Competitive Events
January 24 & January 25, 2008**

Instructions: Please provide the following information for persons who will need bus transportation to and from these HOSA competitive events. Return this form to the Health Science Education Office by **Tuesday, January 15, 2008.** Transportation will be provided only for the numbers you list below. Failure to submit your data will eliminate your school from the count when final transportation arrangements are made. **THIS FORM MUST BE SIGNED BY YOU AND YOUR PRINCIPAL.**

School Name _____

Work Location Number _____

HOSA District _____

Number of teachers/chaperones _____

Number of students _____

TOTAL _____

ADVISOR(S) NAME _____

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Fax the above information to Mrs. Magaly Parets no later than Tuesday, January 15, 2008

Fax Number: 305-995-1896