Area 2 & Ohio Envirothon Registration Form (two sided)

Area 2 Envirothon hosted by Lake and Geauga County, April 29, 2026

Submit all forms to ASHTABULA SWCD before the deadline of March 27, 2026

All team members, alternates and advisors must submit release forms included with registration.

Please write your County: _____

Team Name: _____

School: _____

School Address: _____ Phone: _____

City: _____ County: _____ Zip: _____

Name	**M/F**	**Grade Level**	**T-shirt size**
Team Captain: _____	_____	_____	_____
Team Member: _____	_____	_____	_____
Team Member: _____	_____	_____	_____
Team Member: _____	_____	_____	_____
Team Member: _____	_____	_____	_____

Alternate: _____
Alternate: _____
Alternate: _____
Alternate: _____
Alternate: _____

Only registered team members or alternates with signed release forms may participate in the Area or Ohio Envirothon. ***Alternate team members must be pre-registered but may attend Envirothon ONLY if substituting for a registered team member who is unable to participate*.**

Advisor 1 Name: _____ M / F: ___ T-shirt size: ____
Summer address: _____
Cell Phone: _____ E-mail address: _____
I wish to participate in a tour of the Holden Arboretum _____yes _____no
I wish to just relax in a designated area during the event _____yes _____no
I wish to participate in a tour of Penitentiary Glen Nature Center _____yes _____no
I wish to be on an advisor team to compete on the day of the event _____yes _____no

Advisor 2 Name: _____ M / F: _ T-shirt size: ____
Summer address: _____
Cell Phone: _____ E-mail address: _____
I wish to participate in a tour of the Holden Arboretum _____yes _____no
I wish to just relax in a designated area during the event _____yes _____no
I wish to participate in a tour of Penitentiary Glen Nature Center _____yes _____no
I wish to be on an advisor team to compete on the day of the event _____yes _____no

NOTE: All teams must be registered to Ashtabula SWCD by March 27, 2026, by 4:30 pm. Mail to Ashtabula SWCD, 39 Wall Street, Jefferson, OH 44047 or email – scan all documents to Suzanne Westlake ashtabulaswcd@gmail.com. All information and forms can be found online at geaugaswcd.com.

Please note medical, dietary or other restrictions of which we should be aware.

Please select one:

Team will be staying for lunch ☐ YES ☐ NO

Please note any mobility or medical issues, food preferences (i.e. vegan, vegetarian, etc.) or dietary restrictions. We will try to accommodate these as much as possible.

Name	**Comments**
______________________	____
______________________	____
______________________	____
______________________	____
______________________	____