

**FAPT 30th Annual Spring Driver-Trainer Workshop
April 22-25, 2019**

QUESTIONNAIRE

To be completed for each participant and returned with the Registration Form

Name: _____

District: _____

Position: _____

Lodging: Lake Yale Campus None

Name of preferred roommate: _____

Please specify your gender: Male Female

If you do not choose a roommate, one will be chosen for you.

Special needs: _____

Special dietary needs: _____

Absolutely NO alcoholic beverages are allowed on the property. If any alcoholic beverages are found in rooms, those participants assigned to the room will be asked to leave after a call is made to their respective director.