



LEADING INVESTORS SINCE 1924SM



**JAWM’s Stock Market Competition – School Registration Form
MassMutual Center, 1277 Main St, Springfield, MA 01103
Thursday, November 8, 2018, 10:45am-1:30pm**

**Please Return this Completed Form by Monday, October 8, 2018
See Page 2 for Contact Information**

Please keep in mind that, due to space constraints, JAWM has to limit participation to 650 total students. As such, registration and participation will be on a first come, first serve basis. If you plan to have your students participate in the Stock Market Competition, please register as soon as possible so your space for up to 25 students is reserved. If you would like to bring more than 25 students, please contact Jennifer Connolly at 413-747-7670.

Teacher Name(s) _____

School Name _____

School Address _____

School Phone _____ **Fax** _____

Email Address _____

_____ **Number of Students Participating**

_____ **Number of Teams (Please assign 4-5 students per team)**

Agenda

- 11:00am** Registration
- 11:20am** Lunch *(Includes Boxed Lunch)*
- 12:00pm** Simulation Begins
- 1:10pm** Simulation Ends
- 1:15pm** Awards
- 1:30pm** Buses depart

T-shirt Information

Please provide number of sizes needed below:

- _____ Small
- _____ Medium
- _____ Large
- _____ Extra Large

Lunch Information

What will be served: Ham or Turkey Sandwich (Vegetarian or Gluten free available, but MUST be listed below)

Includes: Whole Fruit, Kettle Chips, Freshly Baked Cookie or Brownie, Bottled Water

- I **do not** have any students with allergies. **All** of my students will be eating one of the boxed lunches provided at the event.
- I **do** have students with allergies. **Some** of my students will not be eating the boxed lunch provided, and **some** will be eating the boxed lunch provided.*

***Please list each student with his/her allergy. Please clarify if student will be bringing his/her own lunch or would like a different option provided at the event (ex: gluten free, vegetarian, etc.):**

Additional Information (check all that apply)

- This is our first time participating.
- I would like to receive a copy of the Classroom Teacher/Volunteer Guide.
- I would like to attend training for this event.
- I will lead the teams though the preparation lessons.
- I request a volunteer to lead the classroom prep lessons on the following days:

Mon Tue Wed Thu Fri

Start Date: _____

Best Time(s): _____

Anything else you need us to know?

Please return form to:

Junior Achievement of Western Massachusetts

1500 Main Street, PO Box 15167, Springfield, MA 01115

Phone: (413) 747-7670 Fax: (413) 747-7606 Email Amy: aalaimo@jawm.org