

Illinois Secretary of State  
Organ/Tissue Donor Program's *Teen Community Service Program*  
***Lifesaving Education and Awareness on Donation (LEAD)***

**School Registration Form**

*Use this form to register your school, team, and designated advisor.*

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

**Designated Advisor:** (Must be a faculty or staff member. They will serve as the contact person between the Secretary of State's office and the team, act as the team's advisor, and complete the forms to verify the team's activities for awarding community service hours.)

Name/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Name or Nickname (if desired): \_\_\_\_\_

Student Participants

Watched Training?  
Initial here

1.) Student Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2.) Student Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3.) Student Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

4.) Student Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

5.) Student Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Each school can have up to five teams, and each team can have up to five students.