



# Avatar Scheduler Site Registration Form



Site Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Site hours of operation						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Site Holidays:	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Staff meeting days, Conferences, Training, other All Day Closures	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_