For clarity, this form should be filled out either:

- 1. by using Acrobat software, or
- 2. by using a typewriter



New Jersey Office of the Attorney General

Division of Consumer Affairs 124 Halsey Street, Newark, New Jersey 07101

2025 New Jersey High School Consumer Bowl **Registration Form**

Please return this form by November 8, 2024

Name of school				
Address				
			ZIP code	
County	E-mail			
Mailing address (if differ	ent)			
School phone/ext	School fax nu (include area code)	ımber	(include area code)	
	Teacher/Advisor Info			
Name	Work phor	ie	lude area code)	
	E-mail (work)			
Cell phone	Home phone			
Please submit any dates because of school, state o	from January through May when y or national testing days, vacation da n for your assistance. <i>Please list U</i>	your school wo	ould be <mark>UNAVAILABLI</mark> religious observances or	other
	clcelina Pena vision of Consumer Affairs			

Newark, NJ 07101

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E-mail: Penad@dca.njoag.gov