



**Application Form**  
TYPE or PRINT clearly.

Last Name, First Name, Middle Initial	Name for Nametag	Grade as of 9/09
Home Address	Age	Sex
City	State	Zip Code
Home Phone	Email Address	
School	Principal / Adviser	
Address		
City	State	Zip Code

PLACEMENT: NUMBER **1** TO **4** IN ORDER OF PREFERRED ATTENDANCE.

SESSION: 1 JULY 7-11 \_\_\_\_ 2 JULY 14-18 \_\_\_\_ 3 JULY 21-25 \_\_\_\_ 4 JULY 28 – AUG 1 \_\_\_\_

WHEN DID YOU ATTEND LTC? \_\_\_\_ HAVE YOU ATTENDED ALC BEFORE? YES \_\_\_ NO \_\_\_ IF YES, WHEN? \_\_\_\_\_

WHAT OTHER LEADERSHIP TRAINING PROGRAMS HAVE YOU ATTENDED? \_\_\_\_\_

**SERVICE & ACTIVITY INVOLVEMENT**

Activity / Organization	Title / Position	Description

Send completed application together with the tuition payment of \$380 or the minimum non-refundable deposit of \$205 to the address above.

**Please make out checks to CASA-LEAD.**

**Student Agreement Please read and sign below:** I certify that the information I have provided is true and correct. If I am accepted as a delegate, I agree to abide by all of the rules and regulations established by the officials of the Student Leadership Training Program. Further, I will commit myself to be a worthy representative of my school and community by contributing my best efforts toward the success of the program. I understand that a refund will NOT be provided if I am unable to attend.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

**Recommendation & endorsement Please read and sign below:** I have read and I verify the contents of this registration form. Further, I recommend this student to be a delegate for leadership training at SLTP.

\_\_\_\_\_  
SIGNATURE of SLTP Staff Member or APPLICANT'S Student Activity Adviser

\_\_\_\_\_  
DATE

**Confirmations will be made by post card. Delegates will receive a registration packet containing directions, what to bring, etc. by mail. The registration packets will be sent after June 15<sup>th</sup>.**