

Advisers July 26-27

TYPE or PRINT clearly.

Last Name, First Name, Middle Initial		Name for Nametag	
Home Address		Age	Sex
City	State	Zip Code	
Home Phone	Email Address		
School	Principal	School Phone	
Address			
City	State	Zip Code	

YEARS EXPERIENCE TEACHING _____

YEARS EXPERIENCE ADVISING / COACHING _____

CURRENT TEACHING ASSIGNMENT _____

CURRENT COCURRICULAR ASSIGNMENT(S) _____

ISSUES / SKILLS YOU MOST WANT INCLUDED IN THE PROGRAM? _____

Send completed application together with full tuition payment of \$95
or the minimum non-refundable deposit of \$60 to the address above.

Please make out checks to CASA-LEAD.

Please read and sign below: I certify that the information I have provided is true and correct. I understand that a refund will NOT be provided if I am unable to attend.

SIGNATURE

DATE

Applicants will be notified by post card when their application has been processed. Confirmation of acceptance will be made by post card. Invited delegates will receive a registration packet containing directions, what to bring, etc. by mail. The registration packets will be sent after June 15th.