

Leadership in Athletics – July 26-27

TYPE or PRINT clearly.

Last Name, First Name, Middle Initial	Name for Nametag	Grade as of 9/06
Home Address	Age	Sex
City	State	Zip Code
Home Phone	Email Address	
School	Principal	Coach
Address		
City	State	Zip Code

TEAM YOU WILL REPRESENT? _____ POSITION _____

OTHER MEMBERS OF YOUR TEAM WHO WILL BE ATTENDING? _____

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

SPORTS & ACTIVITY INVOLVEMENT

Activity / Team	Title / Position	Description

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.

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 officer training at SLTP.

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 15th.

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

DATE

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