



2010 Application
TYPE or PRINT clearly.

Last Name, First Name, Middle Initial		Name for Nametag		Grade as of 9/10	
Home Address		Age		Sex	
City		State		Zip Code	
Home Phone		Email Address			
School		Principal		Adviser	
Address					
City		State		Zip Code	

PLACEMENT: NUMBER **1** TO **5** IN ORDER OF PREFERRED ATTENDANCE.

SESSION 1: JULY 6-10___ SESSION 2: JULY 13-17___ SESSION 3: JULY 20-24 ___
SESSION 4: JULY 27-31 ___ SESSION 5: AUGUST 3-7___

HAVE YOU ATTENDED SLTP BEFORE? YES ___ NO ___ IF YES, WHEN ? _____

SERVICE & ACTIVITY INVOLVEMENT

Activity / Organization	Title / Position	Description

Send completed application together with the tuition payment of \$390 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 School Activity Adviser DATE

Confirmations will be made via email. Delegates will receive a registration packet containing directions, what to bring, etc. by mail. The registration packets will be sent in April. Med forms will be due by May 1.