

TYPE or PRINT clearly.

Applicants must be aware that this program is intended for Officer TEAMS. Individual attendance is not permissible. The minimum size for any team will be two, which may be filled by any combination of student offices and / or the adviser.

Last Name, First Name, Middle Initial		Name for Nametag	Grade as of 9/11
Home Address		Age	Sex
City		State	Zip Code
Home Phone		Email Address	
School		Principal Adviser 	
Address			
City		State	Zip Code

ACTIVITY YOU WILL REPRESENT? _____ OFFICE HELD _____

Last Name, First Name, Middle Initial		Name for Nametag	Grade as of 9/11
Home Address		Age	Sex
City		State	Zip Code
Home Phone		Email Address	
School		Principal Adviser 	
Address			
City		State	Zip Code

ACTIVITY YOU WILL REPRESENT? _____ OFFICE HELD _____

OTHER MEMBERS OF YOUR TEAM WHO WILL BE ATTENDING? _____

Send completed early action application together with full tuition payment of \$30 (per student) 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

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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.

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

DATE