

2011 BASIC LEADERSHIP WORKSHOP APPLICATION/REGISTRATION FORM

PLEASE CONSIDER THIS AN INVOICE OR BILL FOR REGISTRATION FEES.

Registration fee of \$265 per Delegate** Make all Checks Payable to OASC.

**A late charge of \$25 per delegate if mailed after May 1

**A change of session charge of \$25 per delegate if change is desired

NO REFUNDS IF CANCELLED AFTER May 20th for June session or June 20th for July session

BASIC Session (Northwestern State University, Alva)

___ **June 12-17**

___ **July 10-15**

NAME—FIRST _____ LAST _____ SEX _____ GRADUATION YEAR _____ T-SHIRT SIZE _____
M/F 2012, 2013, 2014 S-M-L-XL-XXL

ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____ VEGETARIAN: YES ___ NO ___

SCHOOL NAME _____

CELL NUMBER (If no cell, then please provide home number) _____

PARENT'S NAME _____ EMERGENCY NUMBER _____

I have read Workshop Rules and agree to abide by them

DELEGATE SIGNATURE _____ DATE _____ PARENT SIGNATURE _____ DATE _____

As advisor/sponsor, I have checked the above information and all blanks are completed. This is an official delegate of our school and I understand the consequences of rules violations by a student delegate. This student has not attended the BASIC Workshop before.

ADVISOR SIGNATURE _____ DATE _____ 405/918/580 _____
SCHOOL PHONE

405/918/580 _____ ADVISOR EMAIL ADDRESS _____
CELL PHONE (If no cell, then please provide home number)

As Principal, I certify that this is an official delegate of my school to the OASC BASIC Leadership Workshop. I understand all rules and policies and the results of any infraction by this delegate.

PRINCIPAL'S SIGNATURE _____ DATE _____

RETURN THIS APPLICATION AND FEE TO

**Maggie Gabel
5729 East 21st Place
Tulsa, OK 74114**

SCHOOL PHONE 918-609-7168 FAX 918-664-2134 Cell 918-605-3219

REGISTRATION FORM WILL NOT BE ACCEPTED WITHOUT PAYMENT.

OASC USE ONLY: POSTMARKED _____ HF _____ PO _____ CK # _____