2010 ADVANCED LEADERSHIP WORKSHOP 2010 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 sessions

Please indicate your 1st, 2nd, and 3rd choices:

ADVANCED Session __ June 4-7 @ OU ___June 8-11 @ OU __July 6-9 @ OU

_____ _____ ____ _____ _____
NAME—FIRST LAST SEX M/F GRADE **07-08** **MUST BE SR** T-SHIRT SIZE S-M-L-XL-XXL

_____ _____ _____
ADDRESS CITY ZIP

_____ VEGETARIAN: YES ____ NO _____
E-MAIL ADDRESS

_____ NATIONAL DELEGATE: 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 attended the BASIC Workshop and will be a Senior, 2007-2008.

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

_____
ADVISOR EMAIL ADDRESS

As Principal, I certify that this is an official delegate of my school to the ADVANCED 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
Darryl Andrews
107 Aspen Drive
Yukon, Oklahoma 73099
Fax: 405-265-1317 Cell: 405-414-6799

REGISTRATION FORM WILL NOT BE ACCEPTED WITHOUT PAYMENT.
OASC USE ONLY: POSTMARKED_____ HF_____ PO_____CK #_____