

2012 ADVANCED LEADERSHIP WORKSHOP 2012 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 Advanced Workshop.

***A late charge of \$25 per delegate if POSTMARKED after May 1, 2012**

***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, 3rd and 4th choices (Please MARK ALL Sessions):

Session: ___ June 4-7 @ OU ___ July 9-12 @ OU ___ July 23-26 @ OU ___ July 27-30 @ OU

| | | | | | |
|-----------------------------|--|-----------|---------------|---------------------------|------------------------------|
| NAME-LEGAL – FIRST | NAMETAG- NAME (Nickname or Shortened) | NAME-LAST | SEX M or/F | GRADE 2012-2013 | T-SHIRT SIZE S-M-L-XL-XXL |
| PLEASE PRINT CLEARLY | | | | MUST BE SR | |

ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____ VEGETARIAN: YES ___ NO ___

SCHOOL NAME _____ 2012 NATIONALS DELEGATE: YES ___ NO ___

405/918/580 _____ 405/918/580 _____
DELEGATE CELL PHONE NUMBER HOME PHONE NUMBER

_____ 405/918/580 _____ 405/918/580 _____
PARENT'S NAME CELL PHONE NUMBER EMERGENCY NUMBER

I have read Workshop Rules and agree to abide by them. I have read Workshop Rules and agree to abide by them. I also give consent to the OASC to use photographs and videotaped images of conference attendees for promotional, editorial, and advertising purposes.

DELEGATE SIGNATURE _____ DATE _____ PARENT SIGNATURE _____ DATE _____

I attended BASIC (year) _____ BASIC Advisor's Name _____ Council # _____
JUNE or JULY

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 in 2012-2013.

_____ 405/918/580 _____ 405/918/580 _____
ADVISOR NAME & 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 By May 1st, 2012 TO:

DARRYL ANDREWS

107 ASPEN DRIVE

YUKON, OKLAHOMA 73099

HOME PHONE: 405-354-4725 CELL: 405-414-6799

SCHOOL PHONE: 405-265-4416 FAX: 405-265-4587

REGISTRATION FORM WILL NOT BE ACCEPTED WITHOUT PAYMENT.

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