

2012 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/delegate charge of \$25 per delegate if a session/delegate change is desired
NO REFUNDS IF CANCELLED AFTER May 20th for June session or June 20th for July session

PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION

Check which session you would like to attend:

BASIC Session (Sunday – Friday)

_____ **June 10-15**

_____ **July 15-20**

_____ LAST NAME	_____ FIRST NAME	_____ SEX M/F	_____ GRADUATION YEAR 2013, 2014, 2015	_____ T-SHIRT SIZE S-M-L-XL-XXL
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_____ ADDRESS	_____ CITY	_____ ZIP
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_____ **E-MAIL ADDRESS** VEGETARIAN: YES _____ NO _____

_____ **PERSONAL CELL NUMBER** (If you do not have a cell number then provide your home number)

_____ PARENT'S NAME	_____ EMERGENCY NUMBER
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I have read the Workshop Rules and agree to abide by them.

_____ DELEGATE SIGNATURE	_____ DATE	_____ PARENT SIGNATURE	_____ DATE
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_____ SCHOOL NAME	_____ ADVISOR NAME
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As advisor/sponsor, I have checked the above information and all blanks are legible and completed correctly. This student 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 _____ CELL PHONE (If no cell, then please provide home phone)
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405/918/580 _____ SCHOOL PHONE	_____ ADVISOR EMAIL ADDRESS
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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 NAME (printed)	_____ PRINCIPAL'S SIGNATURE	_____ DATE
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PLEASE NOTE THIS IS A NEW ADDRESS. RETURN THIS APPLICATION AND FEE TO:
Janet Carter, Registrar
3048 Country Club Dr.
Sulphur, OK 73086
CELL: 580.618.0319 FAX: 580.622.5735

REGISTRATION FORM WILL NOT BE ACCEPTED WITHOUT PAYMENT.

OASC USE ONLY: POSTMARKED _____	HEALTH FORM _____
PURCHASE ORDER _____	CHECK # _____