



High School Leadership Conference

CASC Summer Leadership Conference 2009 Registration Form

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1212 Preservation Parkway, Oakland, California, 94612, Telephone 510.834.2272, Fax 510.834.2275
email: cascmal@aol.com url: www.casc.net

Participant Information

Role: Student Advisor Gender: Male Female High School Grad. Year _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Tel.: () _____ Cell.: () _____ Fax () _____

E-mail: _____ (print legibly using BLOCK Style)

Birth Date: ____/____/____ Age: _____ T-Shirt Size: Small Medium Large X-L XX-L

Ethnicity: _____ (for statistical purposes only) '09-'10 Student Body Position _____

School Information

School: _____ School Type: Public Private

Address: _____ City: _____ State: _____ Zip: _____

Tel.: () _____ Fax: () _____ County: _____

Website: _____ CASC Region: _____ (if known)

Advisor: _____ E-mail: _____

Advisor Home Tel.: () _____ Cell.: () _____ (Required. Not for distribution to students)

Camp Location Selection

Please select one CASC Summer Camp Location: **UC Santa Barbara, 28 - 31 July 2009** **Stanford University, 6 - 9 Aug. 2009**

Do you have previous CASC Summer Camp Experience ? Yes No Total Number of CASC Summer Camp Year(s) of participation _____

Completed Student CASC Camp Tracks: **Track I - 1st Yr** **Track II - 2nd Yr** **Track III - 3rd Yr** **Advisor Track:** Adv. Track **No. of Yrs.** _____

Registration Fees and Policies

Summer Camp fee includes food, lodging, and t-shirt. Purchase Orders are not accepted for summer camp fees. There are a limited number of scholarships available so please contact the CASC office to inquire about their availability. **There will be an additional fee of \$20 per participant for non-member schools. Late fee (\$50) per participant applies after Final Registration date, pending available space.** No walk-in registrations will be accepted. **There will be a \$75 charge for cancellations.** The registration fee will not be reimbursed at all if the person does not notify the office at least 20 days before the conference. Please make your check payable to: **CASC**, and mail it postmarked on or before the dates below, to **CASC/HS SUMMER CAMP, 1212 Preservation Parkway, Oakland, California, 94612**

Reserve Summer Camp Space

RESERVE SPACE. If you are an Advisor please (tick box) **only** if you do not have "all" the student names, as this will alert us to the fact that you are paying in advance to reserve space(s). You are responsible for sending us "each" of the individually completed CASC Summer Camp Registration Forms **(20) days prior** to the start of camp. **[Advisor's home and cellular number is required should we need to contact you during the summer. Not for distribution to students.]**

Type	Postmark Date	Fee/per person
A. <input type="checkbox"/> Regular	2 May 2009	\$ 560.00
B. <input type="checkbox"/> Final	26 June 2009	\$ 590.00

CASC Summer Leadership Camp Cost Breakdown	Cost	Check(s)
Total: No. of Advisor(s) _____ + No. of Student(s) _____ @ _____	\$ _____ .00/each =	\$ _____ .00
Total: Non-membership Fee All Attendees _____ x \$ 20.00 =	\$ _____ .00/each =	\$ _____ .00
Total Amount (enclosed with this registration form)		\$ _____ .00

Emergency Contact Information

Father's Name: _____ Bus. Tel.: () _____ Ext.: _____ Cellular () _____ Employer/Position _____	Mother's Name: _____ Bus. Tel.: () _____ Ext.: _____ Cellular () _____ Employer/Position _____
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CASC Policy and Authorization

Parent/Guardian. The student named below has my permission to attend the 2009 CASC Summer Leadership Conference. I hereby authorize the conference directors to act on my behalf to provide emergency treatment. I further relieve the conference of all liabilities insofar as standard procedures are followed in dealing with my son and/or daughter. I am aware of the policy that participants are expected to arrive on time and remain until 2:30 p.m. of the final conference day. Also, I give CASC permission to use photographs that may be taken of my son and/or daughter for publicity reasons.

Parent/Guardian Signature _____ Print _____ Date ____/____/____
 [Please note that without a signature the student will not be admitted to camp]

Student. I have read the CASC policies and agree to abide by them. I will arrive by 8:30 a.m. of the opening day and will not leave until 2:30 p.m. of the closing day. I will refrain from the use of non-medical drugs during the conference.

Student's Signature _____ Print _____ Date ____/____/____