High School Leadership Conference
CASC Summer Leadership Conference 2010 Registration Form

Change the future >

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

Participant Information

Role (Circle): **Student** **Advisor** Gender (Circle): **Male** **Female** Sept 2010 **Grade** _____

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 (Circle): **Small** **Medium** **Large** **X-L** **XX-L**
Ethnicity: _____ (for statistical purposes only) '09-'10 Student Body Position _____

School Information

School: _____ School (Circle): **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

Select one CASC Summer Camp Location (Circle): **UC Santa Barbara, 24 - 27 July 2010** **Stanford University, 5 - 8 Aug. 2010**
Previous CASC Summer Camp Experience (Circle)? **Yes** **No** Total No. of CASC Summer Camp Year(s) of participation ____
Completed CASC Camp Tracks (Circle): **Track I - 1st Yr** **Track II - 2nd Yr** **Track III - 3rd Yr** **Advisor 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 bfore 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		Type	Postmark Date	Fee/per Person
A. ____	**Early**	9 April 2010	$530.00	C. ____	**Final**	25 June 2010	$590.00
B. ____	**Regular**	14 May 2010	$560.00				

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 _____

CASC Policy and Authorization

Parent/Guardian. The student named below has my permission to attend the 2010 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 ____/____/____