2010 Staff Development Program (SDP) Registration

1212 Preservation Park Way, Oakland, California, 94612
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Participant Information

SDP Role: ☐ Student Advisor ☐ Other ☐ ________________________________

First Name: __________________________ Last Name: ____________________ ☐ M F ☐ HS Grad Yr ____ Coll Grad Yr ___

Parent's Add.: __________________________________ City: ________________________ State ____ Zip Code _____________

Perm. Address: __________________________________ City: ________________________ State ____ Zip Code _____________

Participant Cell. ( ) __________________ Perm. Tel. ( ) _________________ Parent's Tel.: ( ) ___________________

Birth date ____/____/____ Age ___ Ethnicity: (Statistical Purposes/List All) ____

E-mail: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Academic Information

School: ____ Type: ☐ Private ☐ Public

Address: _______________________________________ City: _________________________ State: ____ Zip: __________

Tel.: ( ) _____________________ Fax: ( ) ____________________ CA County __________________________

SDP Site Locations and Payment

SDP Regions	Event Date	Locations	Early Postmark Date	Regular Postmark Date	*After
SDP North	June 18 – 20, 2010	SF Bay Area	☐ $385 April 23, 2010	☐ $415 May 28, 2010	☐ $445
SDP South	June 25 – 27, 2010	Los Angeles	☐ $385 April 30, 2010	☐ $415 June 4, 2010	☐ $445
SDP Last Chance	July 30 – Aug 1, 2010	Stanford	☐ $445 May 28, 2010	☐ $475 July 9, 2010	☐ $505

Cancellation Fee. Please remember that all cancellations are subject to a $75 processing fee.
Scholarships. There are a limited number of scholarships available, so please contact our office for the details at (510) 834.2272.
Payment Process. It is important to do the following: a) Enclose SDP Registration Form, payment and make it payable to **CASC**. Send check, money order to: **CASC/SDP**, **1212 Preservation Park Way, Oakland, CA, 94612**.

Prerequisite Questions

To participate in the Staff Development Program (SDP) is it necessary that all participants meet the following requirements. For example: a) be at least a sophomore in high school, and b) attended at least one CASC summer conference as a delegate. (See below)

1. Current Academic Status: ☐ High School Sophomore ☐ High School Junior ☐ High School Senior ☐ College
2. Recent Delegate summer experience? ☐ Stanford University ☐ UC Santa Barbara
3. Last summer camp role? ☐ Counselor ☐ Counselor Intern(CI) ☐ Counselor Intern Trainer(CIT) ☐ A-Team ☐ GAMMA
4. List all delegate summer years? Years ____

Goal of SDP Program

This program will train you to become a 2010 Summer CASC Counselor. Training begins at 9:00 a.m. on Friday and ends at 6:15 p.m. on Sunday. (includes lodging and meals)

Parent/Guardian Policy

The above named student has my permission to participate in the 2010 Staff Development Program (SDP) and the 2010 CASC Summer Leadership Conference (Stanford University, UC Santa Barbara). I hereby authorize the conference directors to obtain, at my expense, any emergency medical treatment that my son/daughter may require. Furthermore, I relieve the conference and CASC of all liabilities insofar as all standard procedures are followed in dealing with my son/daughter. Also, I give CASC permission to use photographs that may be taken of my son/daughter for publicity purposes.

The student has the following special needs of which you should be aware. Please indicate if he/she is a vegetarian.

Special Needs: ____

Parent/Guardian Signature ______________________ Parent's Cell. ( ) _________________ ☐ Mom ☐ Dad Date ___/___/___

Participant Signature ____ Date ______/______/______