Student Advisory Board On Legislation In Education (SABLE)

1212 Preservation Park Way, Oakland, California, 94612 • TEL 510.834.2272 • FAX 510.834.2275
email: cascmail@aol.com • url: www.casc.net

February 27 - 29, 2012, Sacramento Area

Participation Information

Role: ☐ Student ☐ Advisor Level: ☐ High ☐ Middle Grade: ____ Gender: ☐ Male ☐ Female

First Name: ________________________________ Last Name: ____

Address: ____ City: _______________________________________

State: ____ Zip: _______________ H.S. Grad Yr (4 digits) ___________ Age____ Birth date ____/____/____

Home: ( ) ________________________________ Cell.: ( ) ________________________________

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

Academic Information

School: ____ Type: ☐ Private ☐ Public

Address: ____

City: ____ State: ____ Zip: __________________

Tel.: ( ) ______________________________ ASB Advisor Cell.: ( ) ____________________________

ASB Advisor: Title: ________ (Ex.: Mr., Ms., etc.) Name ____

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

Registration and Policy

	Postmark Deadline	Non-Member	Member School
Fee before or on	**February 9, 2012**	**$370**	**$350**
Fee after	**February 9, 2012**	**$400**	**$380**

Payment Process: Please send this form with a check to: **SABLE Registration, 1212 Preservation Park Way, Oakland, CA, 94612**.

Cancellation: All cancellations must be submitted in writing and postmarked by **11 February 2012** and there will be a **$75** cancellation-processing fee.

Scholarships: There are a limited number of scholarships available, so please contact the CASC office for a scholarship application.

Parent/Guardian Agreement

The above named student has my permission to attend the 2012 Student Advisory Board On Legislation In Education (SABLE). 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 reasons.

Parent/Guardian Signature: ____ Date ______/_______/_______

Student Policy

I agree to abide by the following: 1) Arrive by the designated time and remain at the conference site until the conclusion of the conference, unless an emergency arises, 2) Refrain from entering rooms which belong to anyone of the opposite sex, 3) Refrain from the use of non-medical drugs and alcohol, and 4) Remain in my assigned room following the conclusion of the day's activities. If I fail to comply with any of the aforementioned policies I will be asked to leave the conference and my parent/guardian will be responsible for my return transportation costs. **Special Dietary Needs**: ____
____

Delegate Signature: ____ Date ______/_______/_______