



August 1 – 3, 2022 Holiday Inn Los Angeles • 9901 La Cienga Blvd

Participant Information:

SDP Role: Student Advisor Other: _____
 First Name: _____ Last Name: _____
 Birth Date: ____/____/____ Gender: Male Female Other
 HS Graduation Year: _____ Ethnicity (statistical purposes only): _____
 Address: _____ City: _____ St: _____ Zip: _____
 Student Cell: (____) _____ Home Phone: (____) _____
 Student Email: _____
 Parent/Guardian Name(s): _____
 Parent/Guardian Address: _____

School Information:

School: _____ Type: Private Public
 Address: _____ City: _____
 State: _____ Zip: _____ School Tel: (____) _____ Fax: (____) _____
 CA County: _____

SDP Site Locations and Payment

	Event Date	Location	Early Date	Regular Date	*After
SDP	August 1 – 3, 2022	Los Angeles, CA	\$575, 4/15/22	\$605, 5/20/22	\$635, 5/20/22

*Final deadline is June 8, 2022.

Prerequisite Questions:

1. Current academic status: HS Sophomore HS Junior HS Senior College
2. Recent delegate summer experience? UC Santa Barbara Year MS. HS Track 1 Track 2
3. Last summer camp role? Counselor Counselor Intern (CI) CI Trainer (CIT) A-Team GAMMA

Goal of SDP Program

This program will train you to become a 2022 Summer CASC Counselor. Training begins at 9:30 a.m. on the first day of the program and ends at 6:15 pm on the last day of the program (includes lodging and meals).

Parent / Guardian / Student Policy:

The above-named student has my permission to attend the 2022 SDP conference. I release the conference and CASC of all liabilities insofar as all standard procedures are followed in dealing with my son / daughter. I am aware of the policy that participants are expected to arrive by 8:30 am and remain until 3:00 pm of the final conference day.

Parent/Guardian's Signature: _____ Date: ____/____/____

Printed Name: _____

I have read the CASC policies agree to abide by them. I will arrive for registration on the opening day by 8:30 am and remain until 3:00 pm of the closing day. I will refrain from the use of non-medical drugs and not engage in sexual activity during my conference stay.

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

Printed Name: _____

Mail the registration form and check payable to: CASC, 3130 Alpine Road, Ste. 288, Portola Valley, CA 94028