



2022 STUDENT ADVISORY BOARD OF EDUCATION (SABE)
 3130 Alpine Road, Suite 288 • Portola Valley, CA 94028
 T: 510.834.2272 • www.casc.net

October 30 – November 2, 2022
Residence Inn, 1121 15th Street, Sacramento, CA 95814

Participant Information:

First Name: _____ Last Name: _____
 Birth Date: ____/____/____ Grade (Sept 2022): _____ Gender: _____
 HS Graduation Year: _____ Ethnicity (grant info): _____
 Region #/County (if you don't know region #): _____
 Address: _____ . City: _____ St: _____ Zip: _____
 Student Cell: (____) _____ Home Phone: (____) _____
 Student Email: _____
 Parent/Guardian Email: _____

Emergency Contact Information:

Parent/Guardian 1: First and Last Name: _____
 Phone Number: _____
 Parent/Guardian 2: First and Last Name: _____
 Phone Number: _____

Conference Fee and Policies:

	Postmark Deadline	Fee
Fee On or Before:	October 2, 2022	\$625
	October 7, 2022	\$655
After	October 7, 2022	\$695
Final Deadline	October 10, 2022	\$695

*Final postmark Date: October 10, 2022. Cancellations must be emailed by October 15, 2022; a \$85 cancellation fee will be applied. Need-based scholarships are available – contact the CASC office.

Delegate Agreement:

Please note that signature authorizations are required by BOTH student & guardian for participation.

Parent/Guardian: The student named below has my permission to attend the 2022 conference. I release CASC from all liabilities insofar as standard procedures are followed when dealing with my son and/or daughter. I am aware of the policy that participants are expected to log-in by the start time and participate until the final conference day. I give CASC permission to use photographs and/or videos that may be taken electronically of my son and daughter for publicity reasons.

Parent/Guardian's Signature: _____ **Date:** ____/____/____
Printed Name: _____

Student: I have read the CASC policies and agree to abide by them. I will arrive for registration on the opening day and participate until 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 / Email the completed registration form and check payable to:
CASC, 3130 Alpine Road, Suite 288, Portola Valley, CA 94028