

WISCONSIN ASSOCIATION OF SCHOOL COUNCILS, INC.

2010 WASC STUDENT LEADERSHIP WORKSHOPS!

PLEASE FEEL FREE TO DUPLICATE THIS FORM

SCHOOL: _____
 CITY: _____ State: _____ Zip: _____
 Phone: _____ - _____ - _____ Email: _____

✓ one camp for this Delegate

LAST NAME	FIRST NAME			

Name I prefer on a nametag _____				
Home address: _____				
City: _____ State: _____ Zip: _____				
Phone: _____ - _____ - _____ Gender: ___ T-shirt size: ___ HS Grad. Year: 20 _____				
Delegates email: _____ Parents email: _____				
Parent/Guardian: _____				
<p>Level 1 Week 1 <input type="checkbox"/> July 18-22 Edgewood College</p>	<p>Level 1 Week 2 <input type="checkbox"/> Aug 1-5 Edgewood College</p>	<p>Level 2 <input type="checkbox"/> June 20-24 Edgewood College Level 2.5 <input type="checkbox"/> June 20-24</p>	<p>Level 3 <input type="checkbox"/> July 11-15 Edgewood College</p>	<p>Level 4 <input type="checkbox"/> July 11-15 O'Connor Center Level 4.5 <input type="checkbox"/> July 11-15</p>
Enclosed Payment method for above Delegate				
<input type="checkbox"/> School check # _____ \$ _____				
<input type="checkbox"/> Personal check # _____ \$ _____				
<input type="checkbox"/> Scholarship from: _____				
Year Attended Level(s): I – 20 II – 20 II.V - 20 III – 20 IV – 20				
<input type="checkbox"/> I will need Handicap housing <input type="checkbox"/> Medical form enclosed with registration <input type="checkbox"/> Medical form will be mailed at a later date prior to camp				

TOTAL MEMBER EARLY BIRD REGISTRATION FEE: \$350

TOTAL NON-MEMBER EARLY BIRD REGISTRATION FEE: \$380

Edgewood College or Madison O'Connor Center

**REGISTRATIONS & PAYMENT MUST BE POST MARKED ON OR BEFORE
 May 15, 2010 to receive the early bird registration.**

After May 15, 2010 – Member school Fee - \$380/ Non-member - \$410

Make all checks payable to WASC and mail to: 4797 Hayes Road, Suite #202, Madison, WI 53704-3292

If you have any questions, please call the WASC office at (608) 241-7107 between 8:00 AM and 4:00 PM.

Signature of Principal: _____ Signature of Advisor: _____

Parent/Guardian Signature: _____

As parent/guardian of a participant at the WASC Leadership Workshop, I hereby state that I am aware of and accept the risk inherent in the program activity. I do hereby agree to hold harmless; and indemnify the Wisconsin Association of School Councils, Inc. their volunteers, officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my dependent in the course of the workshop. Furthermore, I am aware video & photos may be taken at camp for use in WASC promotional materials.

I learned about camp through: student council advisor- guidance counselor- gifted and talented coordinator- principal- other _____