

CONNECTICUT STUDENT LEADERSHIP CAMP 2007 REGISTRATION FORM

Please type or print clearly the following information:

Registration classification: Gender:

Student Male Female

Activity Type:

Student Council NHS Athletics Debate other: _____

Conference Participant Information:

Last Name	Initial	First Name (as you wish it to appear on name tag)	Grade in Sept 2007
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School I will represent _____

School Address _____

City _____ State _____ Zip _____

My email address _____

School phone (____) _____ - _____ School fax (____) _____ - _____

Home address _____

City _____ State _____ Zip _____

Home phone (____) _____ - _____ Emergency Phone (____) _____ - _____

Response Required: (if not applicable, write N/A)					
Special medical condition(s) _____					
Needs assistance	Yes	No	Vegetarian	Yes	No

School Adviser: _____
Last name
First name

Code of Conduct Signature: I am aware of the Code and understand that violations will not be tolerated and may result in the violator being asked to leave the camp at the parent/guardian expense.			
Camper _____	Parent/Guardian _____	Adviser _____	Principal _____

Method of Payment: purchase orders, charge, or credit cards cannot be accepted.

Check enclosed

Checks should be made payable to: The Connecticut Association of Schools

Please mail this form to:

2007 Connecticut Summer Leadership Camp
 The Connecticut Association of Schools
 30 Realty Drive
 Cheshire, CT 06410

Deadline: May 15, 2007