



South Dakota FCCLA Fall Leadership Conference Registration

Check the appropriate box below:

_____ **Adviser**

_____ **Rookie Training**

_____ **Power Training**

_____ **St Ldsp Team**

Current Trends

Outreach

Advocacy

- Send this Completed Registration Form for each person attending Fall Leadership Conference
- Include \$45 registration fee per participant attending
- Make checks payable to SD FCCLA
- Return to Julie Bell by September 16th
- Attach completed Code of Conduct/Photography Consent Form (this form will be kept on file)*
- Bring signed Medical Release Form for Adviser

Participant Name: _____

Grade Level: _____ **Officer Position for 2015-16:** _____

Number of Years in FCCLA _____ **Male** _____ **Female** _____

Name of School/Chapter: _____

School Address: _____

Adviser E-Mail Address: _____

Adviser Phone Number: _____

Food allergies: _____

***Parent Information is required on the Code of Conduct/Photography Consent Form**

Send completed application to the following address: Julie Bell 337 Marian Ave. S Brookings, SD 57006