

## South Dakota FCCLA Fall Leadership Conference Registration "BE INCREDIBLE! BE EMPOWERED!"

incredible

October 2-3, 2022

## Crossroads Hotel & Convention Center 100 4th St SW, Huron, SD 57350 Phone: 605-352-3204

FCCLA Room Block: \$82.99/Room

## Check the appropriate box:

State Officer attended Rookie and/or Power Training OR	□Power Training (Grades 9-12) □Adviser	□Leadership Team Training □Teen Teachers Grades 9-12 must have must submit <u>application</u> (to Carol Birgen) & be accepted.
Current Trends Team	□National Outreach Team	
Skill Demonstration Events provide opportunoccupations. South Dakota FCCLA will provide Conference. Each chapter may register up to	nities for members to demonstrate college & care	er ready skills in family & consumer sciences and related hree Skill Demonstration Events at Fall Leadership d per student, per event.
	□Level 2 (Grades 9-10)	
		<b>Speaking Speak Out for FCCLA</b> ers for their ability to recite the FCCLA creed and interpret it
values and philosophy expressed by the organ <u>Impromptu Speaking</u> , an individual event, re- without prior preparation. The ability to express point, and conversational speaking are importa <u>Speak Out for FCCLA</u> , an individual event, re- Consumer Sciences and FCCLA membership	nization in which they hold membership. cognizes participants for their ability to address a s one's thoughts in an impromptu situation while ant assets in family, career, and community situa ecognizes members for their ability to utilize mark	eting and public speaking skills to promote Family and ram Power of One unit, "Speak Out for FCCLA". Please
□ Send a hard copy of this comple		egistration fee per participant attending (include
<ul> <li>Make checks payable to SD FC (Postmarked no later than Sept)</li> <li>Attach photocopy of completed</li> </ul>	CLA. Submit to: SD FCCLA, Wenona .16). Code of Conduct & Photography Cons	ting in Skill Demonstration Event listed above. 103, Box 507, SDSU, Brookings, SD 57007 sent/Medical Form (Hard copy required for records) Release Forms for adviser's possession for travel.
Participant Name		Number of Years in FCCLA:
Grade Level: Officer Positio	on for 2022-23:	[Chapter Region]
Name of School/Chapter:	Advi	ser:
School Address:		
Adviser E-Mail Address:	· · · · · · · · · · · · · · · · · · ·	
Adviser Phone Number: School _		Cell
Food allergies of applicant:		No Allergies
Registration - <b>\$50 +</b> (\$	3) Skill Demonstration Event F	Registration = <b>Total \$</b>

Registrations must be postmarked on or before September 16<sup>th</sup> for convention center meal count. Please scan & email PDF of completed chapter registration forms if mail on or after September 15<sup>th</sup>.