SOUTH DAKOTA FCCLA NATIONAL LEADERSHIP CONFERENCE REGISTRATION

July 2-6, 2017 – Nashville, TN

Name:	Chapter:
Event Competing in:	Adviser:
Participating in (check all that apply): STAR Event Participant Workshop Presenter STAR Event Judge/Room Consultant State Officer Duties National Officer/Candidate Adviser/Chaperone/Parent Other, please specify	Knowledge Bowl ParticipantSpotlight on ProjectsMedia TeamLeadership TrainingOnline STAR Event ParticipantLeadership Academy
Home Mailing Address:	
E-mail Address – School:	
Home:	
Phone Number - Home:	Cell:
Travel Plans:	
Arrival Date Depa	arture Date:
Mode of Transportation: Air Bus Car	Other
Lodging:	
List names of roommates:	Chapter/School:
1	
2	
3	
4	
mail to: Kris Brockhoft, South Dakota FCCLA, 103 We	e on April 18, 2017. Make checks payable to SD FCCLA and nona Hall, SDSU, Box 0507, Brookings, SD 57007. We will ne national meeting. Please submit order/payment with state
No, I do not wish to purchase the state packag	ge.
T-shirt Size-Please circle: SMALL MEDIUM \$12 \$12	LARGE X-LARGE 2X 3X \$12 \$12 \$14 \$15
No, I do not wish to purchase a t-shirt.	

Please complete this form and return to Kris Brockhoft no later than April 18th, 2017.