

South Dakota FCCLA Fall Leadership Conference Registration

"Dare to Dream ~ Dream Boldly, Shine Brightly!"

October 6-7, 2024

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

FCCLA Room Block: \$89.99/Room

Check the appropriate box:





□ Rookie Training (Grades 6-9)	□ Power Training (Grades 9-12)	□Leadership Team Training
☐State Officer	□Adviser	□Teen Teachers
	NEW ADVISER TRAINING - 5:00-7:00 PM	Scan & submit TT application
2024-2025 Leadership Team Training – check the appropriate box:		
	□National Outreach Team	
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	e opportunities for members to demonstrate college	
	South Dakota FCCLA will provide members with the rship Conference. Scan QR Code for more inform	
	ers in each event. A \$3 registration fee charged pe	
Check the appropriate boxes if you	ı would like to participate in one of 3	SKILL DEMONSTRATION EVENTS:
□Level I (Through Grade 8)	□Level 2 (Grades 9-10)	□Level 3 (Grades 10-12)
☐FCCLA Creed Speaking 8	& Interpretation □Impromptu S	peaking Speak Out for FCCLA
\$50 Registration Fee - Make checks payable to local FCCLA Chapter. Adviser will send one check (no cash) for all participants, payable to: SD FCCLA, 103 Wenona Hall, Box 507, SDSU, Brookings, SD 57007. Include \$3 registration fee if member plans to participate in Skill Demonstration Event. Adviser will scan & email copy of registration forms to Kristine.Brockhoft@lakeareatech.edu no later than Sept. 20 so meal count and food allergies can be submitted to hotel. Contract requires 2 weeks prior notification to training date. Mail hard copy of completed registration forms (after scanning/emailing), consent forms with original signatures, and check for registration fees (please include registration form for advisers & state/national officers). Postmark no later than September 20 th . (Advisers keep original copy of Code of Conduct & Photography Consent/Medical Release Forms in their possession for travel in case of emergency. Members complete at beginning of year and are kept in folder for easy access when travel. Forms submitted to state office will be used for State Leadership Conference.)		
Participant Name		Number of Years in FCCLA:
Grade Level: Officer Posi	tion for 2024-25:	[ChapterRegion] (If Officer – Check Type)
N		(If Officer – Check Type)
Name of School/Chapter:	Advise	r:
School Address:		-
Adviser E-Mail Address:		
Adviser Phone Number: Schoo	I C	ell
Food allergies of applicant:		No Allergies
Registration - \$50 +	Skill Demonstration Event = Tota	ıl \$

Registrations must be postmarked on or before September 20th. Please scan & email PDF of completed chapter registration forms in case of delayed or lost mail. Thank you!