

# LASC SUMMER WORKSHOP

at NORTHWESTERN STATE UNIVERSITY  
NATCHITOCHES, LA



## A PLACE TO EXCEL

INDEED, THE 2024  
SENIOR AND JUNIOR HIGH WORKSHOPS ARE  
THE PLACES FOR YOUR CLUB, CLASS, AND/OR  
STUDENT COUNCIL OFFICERS TO SHINE!

LASC WORKSHOP PROVIDES:  
LEADERSHIP & MEETING SKILLS  
COMMUNICATION SKILLS  
GROUP DYNAMICS TECHNIQUES  
OFFICER TRAINING

FACULTY-STUDENT RELATION IDEAS TEAM  
BUILDING SESSIONS and MEETING SKILLS

PROJECT IDEAS IN THE AREAS OF FUND-RAISING, COMMUNITY SERVICE, SCHOOL SPIRIT,  
ASSEMBLIES, AND PEP RALLIES WILL BE SHARED! MOST IMPORTANTLY, YOUR STUDENT LEADERS  
HAVE THE UNIQUE OPPORTUNITY TO WORK WITH STUDENT LEADERS FROM ALL OVER  
LOUISIANA!

SENIOR HIGH WORKSHOP I INFORMATION(see separate sheet for junior high workshop II ) NO  
Junior High students going on to High School in 2024 are permitted to attend Workshop II (Junior High  
Workshop) OR to the Senior High Workshop!!!!!! The student must have experienced at least one year of  
High School before attending Workshop I.

**DATES:** Sunday, June 2<sup>nd</sup>. through Thursday, June 6<sup>th</sup>.

**PLACE:** Northwestern State University at Natchitoches, LA

**COST PER PERSON: \$450.00 (This includes all meals, all workshop materials, housing,  
insurance, workbook, a school jump drive with video and pictures, and the workshop t-shirt.)**

**WHO CAN ATTEND? SIX LEADERS PER SCHOOL (NO REPEAT DELEGATES) REGISTRATION:**

Begins, Sunday June 2<sup>nd</sup>. at 1:00 p.m. and ends at 3:00 p.m. No late arrivals will be  
accepted! 3:00 p.m. is the absolute closing time for Registration! WORKSHOP I

ENDS: Thursday, June 6<sup>th</sup> between 11:00 and 11:30 a.m.

**PLEASE NOTE:** 1. NO DELEGATES will be allowed to arrive late or leave early.... please check your  
schedule and make sure they are available the entire week

2. It is **not** necessary for an advisor to chaperone their students to workshop. We will have a staff  
of over 90 members who will supervise your students during the Workshop Sessions.

3. If you have any delegates attending with physical/medical disabilities, please notify us in writing  
before the workshop – send with registration

4. Emergency numbers: Day: 318-357-6511 Night: 318-357-5431

**\*\*ALL COMPLETED MEDICAL FORMS AND MANDATORY STUDENT COMMITMENT FORMS MUST BE SENT WITH  
REGISTRATION FORMS\*\***

Registrations received after the deadline will not be accepted if quotas have been reached.

**LOUISIANA ASSOCIATION OF STUDENT COUNCILS**

**WORKSHOP REGISTRATION FORM- Workshop I**

**Mail to: LASC WORKSHOP 1355 Tiger Dr. THIBODAU, LA 70301**

Mail Only.....DO NOT FAX

Name of School \_\_\_\_\_ City \_\_\_\_\_

Name of Principal \_\_\_\_\_ Cell phone number \_\_\_\_\_

Name of Advisor \_\_\_\_\_ School email \_\_\_\_\_

Home Email \_\_\_\_\_ Cell phone number \_\_\_\_\_

I must have your phone numbers for emergencies. E-mail address required.

**The 2024 registration fee is \$450.00 for each person attending.**

Please print in ink

|   | <u>First Name</u> | <u>Last Name</u> | Cell Phone<br>(area code,number) | Parent Cell Phone<br>(area code,number) | Sex | Shirt Size |
|---|-------------------|------------------|----------------------------------|---|-----|------------|
| 1 |                   |                  |                                  |   |     |            |
| 2 |                   |                  |                                  |   |     |            |
| 3 |                   |                  |                                  |   |     |            |
| 4 |                   |                  |                                  |   |     |            |
| 5 |                   |                  |                                  |   |     |            |
| 6 |                   |                  |                                  |   |     |            |

**T SHIRT SIZES.... PLEASE INDICATE THE NUMBER OF T SHIRTS NEEDED FOR YOUR DELEGATES**

\_\_\_ SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_ EX LARGE \_\_\_ 2XL \_\_\_ 3XL = \_\_\_\_\_ (total shirts)  
\_\_\_\_\_(number of delegates) x \$450 \_\_\_\_\_ total mailed \_\_\_\_\_ check number \_\_\_\_\_

**This form and a school check made payable to LASC are due by MAY 1<sup>st</sup> Remember ....DO NOT MAIL THIS FORM TO NORTHWESTERN NOR TO MR. PHIL!**

**Mail** it to the address at the top of this form. We must receive this form and your school check on or before May 1<sup>st</sup> ...No refunds after this date. (registration should be mailed by April 28<sup>th</sup> to avoid late fees)

**LATE FEE -- \$100.00 PER SCHOOL FOR REGISTRATION RECEIVED AFTER MAY 1<sup>st</sup>**

Mailing Address for registration: **LASC Workshop 1355 Tiger Dr. Thibodaux, LA 70301**

# **WORKSHOP II....JUNIOR HIGH/MIDDLE LEVEL**

**LASC STUDENT COUNCILS  
2024 SUMMER LEADERSHIP WORKSHOP**

**IN OUR HANDS ON MAY 1<sup>st</sup>. NO REFUNDS AFTER THIS DATE!**

**PLACE:** NORTHWESTERN STATE UNIVERSITY AT NATCHITOCHE

**DATES:** SUNDAY, JUNE 9<sup>th</sup> THROUGH WEDNESDAY, JUNE 12<sup>th</sup>

**COST:** \$350.00 PER DELEGATE (includes all meals, housing, insurance, LASC t-shirt, leadership workbook, supplies, and a school video/picture jump drive)

**PLEASE NOTE: NO PERSONAL CHECKS! SCHOOL CHECKS ONLY MADE OUT TO "LASC" NO REFUNDS AFTER THE MAY 1<sup>st</sup> DEADLINE.**

**IF YOU HAVE ANYONE ATTENDING WHO HAS PHYSICAL/ MEDICAL DISABILITIES NOTIFY US IN ADVANCED OF THE CONDITION IN WRITING**

**IMPORTANT REMINDER: NO ONE IS ALLOWED TO ARRIVE LATE FOR WORKSHOP OR LEAVE BEFORE WEDNESDAY UNLESS THERE IS A FAMILY EMERGENCY WHICH OCCURS DURING WORKSHOP,**

**IF ANY OTHER PERSON OTHER THAN AN IMMEDIATE FAMILY MEMBER IS PICKING UP YOUR CHILD, THAT PERSON(S) MUST HAVE A NOTE FROM YOU...AND A PHOTO I.D. THIS IS FOR EMERGENCY, EARLY PICK-UP ONLY!!**

**REGISTRATION TIMES... Registration will begin at 1:00p.m. on Sunday, June 9<sup>th</sup> until 3:00p.m. in the Student Union.**

**WORKSHOP ENDING TIME... Wednesday, June 12<sup>th</sup> between 11:00a.m. and 11:30a.m.**

**EMERGENCY NUMBERS: DAY:318-357-6511 NIGHT: 318-357-5431**

**\*DUPLICATE THE ENCLOSED MEDICAL AND COMMITMENT FORMS FOR EACH STUDENT AND RETURN THESE WITH YOUR REGISTRATION. MAKE SURE ALL NEEDED SIGNATURES ARE ON THE FORMS!\* and that you have included copies of the front and back of insurance cards.**

**REMEMBER...DEADLINE IS MAY 1<sup>st</sup> IN MY HANDS.**

**Please include a \$100.00 late fee if your school is registering after the May 1<sup>st</sup> deadline.**

**Mail by April 28th to have your registration received by May 1<sup>st</sup>**

**OFFICIAL REGISTRATION FORM**

**WORKSHOP II...JUNIOR HIGH/MIDDLE SCHOOL  
SUMMER LEADERSHIP WORKSHOP 2024**

**THIS FORM IS DUE...ALONG WITH THE \$350.00 FEE PER DELEGATE IN OUR  
HANDS BEFORE OR ON MAY 1<sup>st</sup>.**

**MAIL TO: LASC WORKSHOP 1355 TIGER DRIVE, THIBODAUX, LA 70301**

Name of School \_\_\_\_\_ City \_\_\_\_\_

Principal's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

SCHOOL PHONE: \_\_\_\_\_ Address: \_\_\_\_\_ city \_\_\_\_\_

ADVISOR'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
AREA CODE AND NUMBER AREA CODE AND NUMBER

ADVISOR'S HOME E-MAIL ADDRESS: \_\_\_\_\_ (THIS IS MANDATORY) ADVISOR'S  
PHONE NUMBERS AND E-MAIL ADDRESS FOR EMERGENCIES...THIS IS MANDATORY!!!  
REGISTRATION WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION

**THE ADVISOR WILL ATTEND THE ADVISOR WILL NOT ATTEND**

**THE 2024 REGISTRATION FEE IS \$350.00 FOR EACH PERSON ATTENDING. THIS  
INCLUDES ADVISORS REQUIRED BY THEIR SCHOOL TO ATTEND WITH STUDENTS**

|    | First Name | Last Name | Parent cell –area code | Student — cell area code | Sex | Shirt Size |
|----|------------|-----------|------------------------|--------------------------|-----|------------|
| 1  |            |           |                        |                          |     |            |
| 2  |            |           |                        |                          |     |            |
| 3  |            |           |                        |                          |     |            |
| 4  |            |           |                        |                          |     |            |
| 5  |            |           |                        |                          |     |            |
| 6  |            |           |                        |                          |     |            |
| 7  |            |           |                        |                          |     |            |
| 8  |            |           |                        |                          |     |            |
| 9  |            |           |                        |                          |     |            |
| 10 |            |           |                        |                          |     |            |

Please INDICATE the number of t shirts by sizes needed for those attending

\_\_\_ small \_\_\_ medium \_\_\_ large \_\_\_ xlarge \_\_\_ 2xl \_\_\_ 3 xl = \_\_\_ total  
total attending x \$350 = \_\_\_ total check number \_\_\_

**THIS FORM AND A SCHOOL CHECK MADE PAYABLE TO LASC ARE DUE TO LASC BY MAY 1<sup>st</sup>**

**SENIOR HIGH STUDENT COUNCIL PRESIDENT'S AND ADVISOR'S**  
**INFORMATION**

Dear Advisor, **even if** your Student Council President is **NOT** coming to Workshop, will you please fill out this Form and send it in with the other Registration Forms by May 1<sup>st</sup>. if your school will be attending Workshop I.

**(PRESIDENT FOR THE NEXT SCHOOL YEAR 2024-25)**

SCHOOL: \_\_\_\_\_

NUMBER OF THE LASC DISTRICT YOU'RE IN: \_\_\_\_\_

PRESIDENT'S NAME: \_\_\_\_\_

PRESIDENT'S GENDER: Male \_\_\_\_\_ Female \_\_\_\_\_

PRESIDENT'S CELL PHONE: \_\_\_\_\_

PRESIDENT'S E-MAIL ADDRESS: \_\_\_\_\_

Personal—not school email

ADVISOR'S NAME: \_\_\_\_\_

Home email(mandatory) \_\_\_\_\_

ADVISOR'S E-MAIL(school): \_\_\_\_\_

ADVISOR'S HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

This information will be used solely to send monthly Newsletters and updated LASC Information to you and your President from your District Advisor and from your District Presidents. PLEASE SEND IN THIS FORM with the rest of your Registration Forms. **It is so important!**

Is the president attending workshop? \_\_\_\_\_

**Please have your election in April so that you have this information available!**

**MEDICAL PERMISSION SLIP**

(Please print or type) LOUISIANA ASSOCIATION OF STUDENT COUNCILS

**\*A copy of an insurance card(front and back)needs to be stapled to this form....if you do not have insurance ...  
A certified letter accepting responsibility for all expenses must be included with this form.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ School \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Number Street City State Zip  
Cell phone: (\_\_\_\_) \_\_\_\_\_ Parent's name(s): \_\_\_\_\_

Put the student's name on the insurance card sheet and staple it to this sheet

Parents work phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Name and phone number of persons to be contacted in case of emergency (other than parents):

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of School I attend: \_\_\_\_\_ School phone: \_\_\_\_\_

School address: \_\_\_\_\_

Number Street City State Zip

School Principal: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Name of Adv. \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**BRIEF MEDICAL HISTORY**

Special Health Concerns: \_\_\_\_\_

Medications: \_\_\_\_\_ Dosage per day: \_\_\_\_\_

Asthma: \_\_\_\_\_ Medication: \_\_\_\_\_

Diabetes: \_\_\_\_\_ Medication: \_\_\_\_\_

Epilepsy: \_\_\_\_\_ Medication: \_\_\_\_\_

Should delegate be restricted from any type of activity? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are there any drugs (prescription or non-prescription) that should not be administered?  
\_\_\_\_\_

Any other information: \_\_\_\_\_

The undersigned parent of guardian of \_\_\_\_\_ authorizes the Louisiana Association of Student Councils to obtain medical care for him/her in the event such care is necessary. If possible, the parent(s) of guardian of the named individual will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician or accredited hospital and their associates to perform any medical and/or surgical procedures that are deemed essential to the treatment of the above named individual. We also agree to be responsible for payment of such care.

Signed: \_\_\_\_\_

Parent of Guardian

Date

\*Make sure a copy of the front and back of your insurance card is stapled to this form

**DO NOT run off commitment forms on the back of this sheet!!!**

**LASC STUDENT COMMITMENT FORM  
FOR SUMMER WORKSHOP**

Parent/Guardian :

We are delighted that your student/son/daughter will be attending a Louisiana Association of Student Councils State function. Because we wish to ensure the safety of your student, we have developed the following guidelines which are mandatory for all delegates:

**ALL DELEGATES ARE EXPECTED TO:**

1. ATTEND ALL LASC SESSIONS AT THE DESIGNATED TIMES AND PLACES IN THE PROGRAM.
2. RESPECT THE RIGHTS OF OTHERS BY NOT BEING DISRUPTIVE DURING SESSIONS, OR CREATING INTIMIDATING, HOSTILE, OR OFFENSIVE BEHAVIOR TOWARDS ANY OTHER STUDENT OR ADULT. STUDENTS ARE EXPECTED TO DEMONSTRATE RESPECT TOWARD OTHER STUDENTS, ADVISORS, PRESENTERS, AND GUESTS
3. UNDERSTAND THAT THE USE OF ALCOHOL AND ILLEGAL DRUGS and VAPING or SMOKING is STRICTLY PROHIBITED.
4. OBEY ALL CURFEWS, WHEN IT IS TIME TO RETIRE FOR THE EVENING, STUDENTS MUST BE IN THEIR OWN ROOM.
5. DRESS IN A MANNER BEFITTING THE SESSION...NO SHORT SHORTS, CROP TOPS, TENNIS SKIRTS, NO CLOTHING WITH ADS FOR ALCOHOL, TOBACCO, DRUGS, OR WITH PROFANITY, SEXUAL PICTURES, OR INFERENCES TO THESE ITEMS. NO TANK TOPS WITH EXTRA LARGE ARM AND NECK HOLES, NO BARE MIDRIFF TOPS OR STRAPLESS ATTIRE ARE TO BE WORN AT ANY TIME.
6. BE COURTEOUS ON THE CAMPUS AND HEED THE RESPECT FOR REST. PLEASE REMEMBER THAT THE STUDENTS ARE GUESTS. STUDENTS SHOULD OBSERVE ANY REASONABLE REQUEST OR RULES. ONCE STUDENTS ARE RETURNED IN THE EVENING, THEY ARE EXPECTED TO STAY IN THEIR ROOMS. GIRLS MAY NOT VISIT BOYS' DORMS AND BOYS MAY NOT VISIT GIRLS' DORMS.
7. KEEP FOOD, DRINK, OR NOISE MAKERS OUT OF ALL GENERAL SESSIONS AND WORKSHOP SESSIONS. USE OF SUCH ITEMS AS HEADPHONES, HAND-HELD GAMES, AND CELL PHONES IS PROHIBITED DURING ANY MEETING, ACTIVITY, OR GENERAL SESSION.
8. RESPECT THE PROPERTY OF OTHERS. STUDENTS ARE NOT TO TAKE OBJECTS FROM CAMPUS AREAS OR ANY OTHER PROPERTY VISITED. THEFT OR VANDALISM WILL NOT BE TOLERATED.
9. ABSTAIN FROM ANY FORM OF SEXUAL ENCOUNTERS.
10. **STAY IN A SAFE, SUPERVISED ENVIRONMENT. UNSUPERVISED STUDENTS MAY NOT LEAVE THE CAMPUS AT ANY TIME. LASC STUDENT PARTICIPANTS ARE NOT ALLOWED TO DRIVE ANY MOTOR VEHICLE.**
11. WEAR APPROPRIATE WORKSHOP NAME TAGS AND IDENTIFICATION TO ALL WORKSHOP ACTIVITIES.

A violation of any of these guidelines could result in the student being sent home at the student's/school's expense. Besides being sent home, the school of the offending student(s) may be prohibited from attending any function of the Louisiana Association of Student Councils, the Southern Association of Student Councils, or National Association of Student Councils conference, convention, meeting, and/or workshop for two years. A letter to that effect will be sent to the principal and to the advisor of the offending school. These penalties were unanimously decided upon and passed by the Executive Board of the Louisiana Association of Student Councils.

Your signatures below indicate that you have read and discussed the above guidelines and consequences with your son or daughter, and are in agreement with these expectations.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ Parent's Name (printed) \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_ STUDENT NAME(printed) \_\_\_\_\_

ADVISOR'S SIGNATURE \_\_\_\_\_ ADVISOR'S NAME PRINTED \_\_\_\_\_ PRINCIPAL'S SIGNATURE \_\_\_\_\_

**THIS FORM MUST BE MAILED FULLY SIGNED BY EACH STUDENT AND BY ALL INDICATED PARTIES ALONG WITH YOUR SUMMER WORKSHOP FORMS. DUPLICATE THIS FORM FOR ALL OF THE STUDENTS WHO WILL REPRESENT YOUR SCHOOL AT THE LASC WORKSHOP.**

\*\*\*Please check for all signatures before mailing



## **AVOID PROBLEMS FOR YOUR SCHOOL DELEGATES BY...**

1. **Beginning to identify students who will be attending workshop NOW... so that you have enough time to turn in forms and fees by the May 1<sup>st</sup> deadline. Remember Spring Break—so plan early**
2. **Using the check off list when you are ready to send your materials.**
3. **Knowing that delegates cannot arrive late nor leave early from workshop. If an emergency pickup is needed, then the parents must pick up the delegate. If another person picks up the student, a note from the parent must be presented and this person must have a valid picture ID. We do this to protect the delegates.**
4. **Making sure that if you are sending a delegate with any type of physical or psychological problems you send a letter explaining the problem. Again we do this for the protection of the delegates.**
5. **Giving delegates and their parents the emergency numbers listed on these forms.**
6. **Having students choose roommates before arriving at workshop (two students to a room). Forms to be sent with registration.  
**We highly suggest that for middle level you send students in pairs.  
It makes it so much easier for them for rooming.****
7. **Sending your registration forms and fees by the May 1<sup>st</sup> deadline to avoid the \$100 late fee.**
8. **Checking the LASC website for updates ([www.lascwebsite.com](http://www.lascwebsite.com))**
9. **Sending in your President/Advisor information sheet(senior high only)**
10. **NO REFUNDS AFTER MAY 1st !**

**VERY IMPORTANT: REMEMBER TO MAIL YOUR MATERIALS**

**TO.....LASC WORKSHOP**

**1355 Tiger Drive**

**THIBODAUX, LA 70301**



# WORKSHOP SURVIVAL CHECKLIST

**ADVISORS... ..PLEASE DUPLICATE THIS SHEET AND  
GIVE IT  
TO STUDENTS ATTENDING  
WORKSHOP**

**THE FOLLOWING INFORMATION AND CHECK OFF LIST WILL HELP YOU HAVE A COMFORTABLE  
AND ENJOYABLE TIME AT WORKSHOP.**

## NECESSARY ITEMS

(check off as you pack)

\_\_\_\_\_ pillow

\_\_\_\_\_ sheets(all rooms have twin

beds) \_\_\_\_\_ blanket(must bring)

towels(at least 2) \_\_\_\_\_ soap

\_\_\_\_\_ medicine (both prescription and others  
such as aspirins, Pepto, allergy medicine, cough  
drops...

NO medicine will be administered by any staff  
member. Also bring band aids, personal hygiene  
products, etc.

\_\_\_\_\_ extra money for pizza and snacks  
(\$35 should be more than enough)

CLOTHES... walking shorts.no short  
shorts or cut off jeans will be allowed

..no tank tops or midriff tops are  
permitted \*\*you will be sent to your room to  
change **\*NO TENNIS SKIRTS**

\_\_\_\_\_ SHOES (make sure these are comfortable walking shoes)

**\*BEST shoes for workshop are tennis shoes\*** No flip flops

\_\_\_\_\_ **Dance dress—jeans or long pants and a school spirit**

**Or student council tshirt**

\_\_\_\_\_ **alarm clock**

**NO ENERGY DRINKS ALLOWED**

**NO MINI-FRIDGES, OR TV ' S**

EXTRAS THAT YOU MAY WANT TO  
BRING..

\_\_\_\_\_ umbrella or rain gear

\_\_\_\_\_ munchies- **that don't need to be  
refrigerated**

\_\_\_\_\_ change for vending machine

SPECIAL NOTES:

1. DO NOT BRING EXPENSIVE ITEMS TO  
WORKSHOP

2.IF YOU BRING CAMERAS, iPads,  
Computers, Kindles, electronic games,  
RADIOS, and etc.

YOU DO SO AT YOUR OWN RISK

3. PLEASE DO NOT BRING ICE CHESTS!  
THERE IS NO ICE AVAILABLE



□

## **Registration Check Off**

**Place this as your top sheet**  
**of forms and money**

**\*\*REGISTRATION CONFIRMATION WILL  
EMAILED by MAY 15<sup>th</sup> AND A LIST OF  
SCHOOLS REGISTERED WILL BE  
POSTED ON THE LASC WEBSITE.\*\***

Name of School \_\_\_\_\_

Advisor \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Number of students attending \_\_\_\_\_

Amount of fees enclosed \_\_\_\_\_

Principal \_\_\_\_\_

### **Check off list for mailing in your registration**

\_\_\_\_\_ completed registration form including  
first and last names of delegates, phone numbers  
and t-shirt sizes

\_\_\_\_\_ completed Medical Forms and copies of  
insurance cards attached to each

\_\_\_\_\_ completed Commitment/Behavior Forms  
with all signatures needed for each (make sure you  
keep a copy for your files)

\_\_\_\_\_ letter of explanation for any  
delegate attending with a physical or  
psychological problem

\_\_\_\_\_ school check for registration fees made  
payable to LASC

Do not assume you are registered until we  
receive all items listed above in the checklist

Mail to ::: LASC Workshop  
1355 Tiger Drive

**Thibodaux, LA 70301**

**DO NOT...DO NOT MAIL YOUR  
FORMS TO MR. PHIL**

\_\_\_\_\_ **President sheet =Sr. High Only**

\_\_\_\_\_ completed rooming sheet for each school

**REMEMBER DEADLINE OF: May 1st  
IN OUR HANDS ON OR BEFORE  
MAY 1<sup>st</sup>. NO REFUNDS AFTER THE  
MAY 1<sup>st</sup> DEADLINE**



## School Rooming List

Name of School \_\_\_\_\_ Circle: Sr. High Jr High

Advisor \_\_\_\_\_ Home email(mandatory) \_\_\_\_\_

**\*If your school is only sending one delegate please complete this form.**

In order to speed up the registration process and help in making delegates happy we are allowing delegates to choose roommates. (In the boy's dorm all rooms have two beds, and in the girl's dorm everyone is in suites(two people and four people) \*students who are single delegates from a school will **be housed with students from other schools**  
Students **MAY NOT** change roommates when they arrive at Workshop. LASC will room your students exactly as you, **the Advisor**, indicates on this page.

### **Boys (first and last name)**

Room one \_\_\_\_\_ and \_\_\_\_\_

Room two \_\_\_\_\_ and \_\_\_\_\_

Room three \_\_\_\_\_ and \_\_\_\_\_

Room four \_\_\_\_\_ and \_\_\_\_\_

### **Girls (first and last name) We used both two people and four people suites)**

#### Suite One(quad suite) (First and last names)

Room One \_\_\_\_\_ and \_\_\_\_\_

Room Two \_\_\_\_\_ and \_\_\_\_\_

#### Suite Two(quad suite)(First and last names)

Room One \_\_\_\_\_ and \_\_\_\_\_

Room Two \_\_\_\_\_ and \_\_\_\_\_

#### Suite Three (double suite)(First and last names)

Room one \_\_\_\_\_ and Room two \_\_\_\_\_

**\*Duplicate this form if needed**

**\*Make sure you include this completed form in your registration paperwork**