LASC SUMMER WORKSHOP
at NORTHWESTERN STATE UNIVERSITY
NATCHITOCHES, LA

A PLACE TO LEAD

INDEED, THE 2019 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 INFORMATION (see separate sheet for Junior High Workshop II) NO Junior High students going on to High School in 2019 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 2nd through Thursday, June 6th
PLACE: Northwestern State University at Natchitoches, LA
COST PER PERSON: $375.00 (This includes all meals, all workshop materials, housing, insurance, workbook, a DVD with video and pictures, and the workshop t-shirt.)
WHO CAN ATTEND? EIGHT LEADERS PER SCHOOL (NO REPEAT DELEGATES)
REGISTRATION: Begins, Sunday June 2nd 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 6th between 10:30 and 11:00 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—SENIOR HIGH SCHOOL

Mail to: LASC WORKSHOP 1355 Tiger Dr. THIBODAUX, 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 2018 registration fee is $375.00 for each person attending.

Please print in ink

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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 $375 = _______ total mailed _______ check number

This form and a school check made payable to LASC are due by MAY 6th

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 6th

...No refunds after this date. (registration should be mailed by May 1st to avoid late fees)

LATE FEE -- $100.00 PER SCHOOL FOR REGISTRATION RECEIVED AFTER MAY 6th

LASC Workshop
1355 Tiger Drive
Thibodaux, LA 70301
WORKSHOP II….JUNIOR HIGH/MIDDLE LEVEL
LASC STUDENT COUNCILS
2019 SUMMER LEADERSHIP WORKSHOP

IN OUR HANDS ON MAY 6th NO REFUNDS AFTER THIS DATE!

PLACE: NORTHWESTERN STATE UNIVERSITY AT NATCHITOCHES

DATES: SUNDAY, JUNE 9th THROUGH WEDNESDAY, JUNE 12th

COST: $240.00 PER DELEGATE (includes all meals, housing, insurance, LASC t-shirt, leadership workbook, supplies, and a video/picture disk)

PLEASE NOTE: NO PERSONAL CHECKS! SCHOOL CHECKS ONLY MADE OUT TO “LASC” NO REFUNDS AFTER THE MAY 6th 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 9th until 3:00p.m. in the Student Union.

WORKSHOP ENDING TIME… Wednesday, June 12th between 10:30a.m. and 11:00a.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 6th. IN OUR HANDS.
Please include a $100.00 late fee if your school is registering after the May 6th deadline.

Mail by May 1st to have your registration received by May 6th
OFFICIAL REGISTRATION FORM

WORKSHOP II...JUNIOR HIGH/MIDDLE SCHOOL SUMMER LEADERSHIP WORKSHOP 2019

THIS FORM IS DUE...ALONG WITH THE $240.00 FEE PER DELEGATE IN OUR HANDS BEFORE OR ON MAY 6th

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________________

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 2019 REGISTRATION FEE IS $240.00 FOR EACH PERSON ATTENDING. THIS INCLUDES ADVISORS REQUIRED BY THEIR SCHOOL TO ATTEND WITH STUDENTS

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

___ small ___ medium ___ large ___ xlarge ___ 2xl ___ 3 xl = _____ total

Total attending x $240 = _____ total check number

*REMEMBER....IN OUR HANDS BEFORE OR BY MAY 6th
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 6th if your school will be attending Workshop I.

(PRESIDENT FOR THE NEXT SCHOOL YEAR 2019-20)

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: _____________________________

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 SC president attending workshop?_____ 

Please have your election by the end of 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: ______

Last                          First                 Middle

Address: _____________________________________________

Please write the name of the student on the insurance card sheet and staple it to this sheet.

Number Street City State Zip

Home phone: (____)_________ Parent’s name(s): __________________

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: __________________________ Date __________________

Parent of Guardian

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 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, 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. Harassment, crude language, nothing illegal, immoral or in poor taste

10. STAY IN A SAFE, SUPERVISED ENVIRONMENT. UNSUPPESERVED 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 MAILLED 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
AND 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 6th 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 6th deadline to avoid the $100 late fee.
8. Checking the LASC website for updates (www.lascwebsite.com)
9. Sending in your President/Advisor information sheet (senior high only)
10. NO REFUNDS AFTER MAY 6th!

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 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

Clothes… walking shorts… no 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

- shoes (make sure these are comfortable walking shoes)
  NO flip flops of any kind or backless shoes
  *BEST shoes for workshop are tennis shoes*

- nice summer outfit we will have a dance
  School appropriate dance clothing-no shorts,
  Or mini skirts, strapless tops, etc.
- alarm clock
Registration Check Off

Place this as your top sheet of forms and money

**REGISTRATION CONFIRMATION WILL EMAILED ON MAY 16th AND A LIST OF SCHOOLS REGISTERED WILL BE POSTED ON THE LASC WEBSITE.*

Name of School ____________________________
Advisor ________________________________

Cell Phone ____________________________
EMail ________________________________

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

_____ Advanced participation sheet (Sr. High only)

_____ 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

REMEMBER DEADLINE OF: May 6th IN OUR HANDS ON OR BEFORE MAY 6th NO REFUNDS AFTER THE MAY 6th DEADLINE

**REGISTRATION CONFIRMATION WILL EMAILED ON MAY 16th AND A LIST OF SCHOOLS REGISTERED WILL BE POSTED ON THE LASC WEBSITE.*
Advanced Delegate List

Please respond to the following and make sure you include this sheet with your registration paperwork. Remember this is for Workshop I Senior High ONLY.

Name of School____________________________________________

Name of Advisor__________________________________________

Please check off one:

_____Our school **does not** have any returning delegates to workshop 2019

_____Our school does have returning delegates to workshop 2019

If you have returning delegates please list their names and information requested.

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Make sure these students are also listed on your registration sheet

Make sure to include this sheet with your registration
School Rooming List

Name of School

Circle: Sr. High  Jr H I g h

Advisor

Home email (mandatory)

- 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 ____________________________

*Duplicated this form if needed*

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