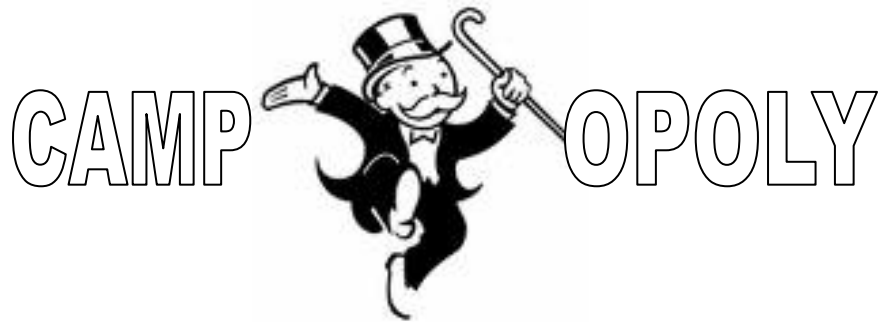


MN FCCLA Leadership Camp-opoly!



Learn the tricks and treats of FCCLA leadership!

**A fun and energizing youth leadership
camp for members and advisors
with nationally known trainer.**

**St Benedict's College, St Joseph, MN
July 28-29, 2010**

Sponsored by:



Minnesota Family, Career and Community Leaders of America

Leadership Camp Registration due June 1, 2010

Camp registration	Description	Amount	Total
Registration fee and lodging/ meals for REGION OFFICERS, JHC, STATE PEER ED	Registration fee plus 2 nights lodging and meals	\$ 185.00 ½ of this fee can be paid by the region. Check to come at same time	
Registration fee and lodging/ meals for STATE OFFICERS/ NATIONAL OFFICERS	Registration fee plus 4 nights lodging and meals, Exec Council Saturday and Sunday	\$ 0	
Registration fee and lodging/ meals for ADVISORS- SINGLE ROOMS- Limited availability- first come – first served basis	Registration fee plus 2 nights lodging (single room) and meals, campus use	\$225.00	
Registration fee and lodging/ meals for ADVISORS- DOUBLE ROOMS	Registration fee plus 2 nights lodging (double room) and meals, campus use	\$195.00	
Registration fee and lodging/ meals for CHAPTER LEADERS	Registration fee plus 2 nights lodging and meals, campus use	\$ 185.00	
Registration fee and lodging/ meals for THOSE PLANNING TO ARRIVE EARLY	Additional Sunday lodging Monday morning Breakfast, campus use	\$41.50 for adults \$33.00 for youth leaders	
Registration fee and lodging/ meals for ADVISORS OF STATE EXEC COUNCIL Monday and Tuesday meetings	Saturday, Sunday lodging and meals, campus use Add Registration of \$195.00 plus \$115.00	Add \$115.00 to camp registration	
Late fee After June 1 Add \$15.00 per person		Received after June 1 Add \$15.00	
Late Fee- After June 14 Add \$35.00 per person		Received after June 9 Add \$35.00	
Total			\$

**Mail Registration, health form, and checks to:
MN FCCLA, PO 131386, Roseville, MN 55113**

Make checks payable to MN FCCLA

<p>MN FCCLA is a dynamic and effective youth organization that helps young men and women become leaders and address important family, work and societal issues through vocational family and consumer sciences education.</p>

2010 FCCLA Leadership Camp Registration

Name: _____

Chapter: _____

Check one:

____ Chapter Leader ____ State Officer ____ Region Officer ____ JHC

____ National Officer/ candidate ____ State Peer Ed ____ Guest

____ Adviser

Address: _____

Phone: _____

Cell phone: _____

E mail (summer) _____

Shirt size: ____ S ____ M ____ L ____ XL ____ XXL

Camp Registration	Description	Amount	Total
Registration fee and lodging/ meals for REGION OFFICERS, JHC, STATE PEER ED	Registration fee plus 2 nights lodging and meals	\$ 185.00 <i>½ of this fee can be paid by the region. The check from region to come at same time. (\$92.50)</i>	
Registration fee and lodging/ meals for STATE OFFICERS/ NATIONAL OFFICERS/ CANDIDATES	Registration fee plus 4 nights lodging and meals, Exec Council Saturday and Sunday	\$ 0	
Registration fee and lodging/ meals for ADVISORS- SINGLE ROOMS- Limited availability- first come – first served basis	Registration fee plus 2 nights lodging (single room) and meals	\$225.00	
Registration fee and lodging/ meals for ADVISORS- DOUBLE ROOMS	Registration fee plus 2 nights lodging (double room) and meals	\$195.00	
Registration fee and lodging/ meals for CHAPTER LEADERS	Registration fee plus 2 nights lodging and meals	\$ 185.00	
Registration fee and lodging/ meals for THOSE PLANNING TO ARRIVE EARLY Early birds	Additional Sunday lodging Monday morning Breakfast	\$41.50 adults \$33.00 youth leaders	
Registration fee and lodging/ meals for ADVISORS OF STATE EXEC COUNCIL Monday and Tuesday meetings	Saturday, Sunday lodging and meals Registration of \$195.00 plus \$115.00	Add \$115.00 to camp registration	
Late fee After June 1 Add \$15.00 per person		Received after June 1 Add \$15.00	
Late Fee- After June 14 Add \$35.00 per person		Received after June 14 Add \$35.00	
Total			\$

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Health Form MN FCCLA

Use for National Conference, and Leadership Camp

Directions: Please complete and sign this form and return a copy to your advisor and a copy to the state FCCLA office with registration.

Students name: _____
 Date of Birth: _____
 Home Address: _____
 City, State, Zip: _____
 Phone:(Home) _____
 Work _____
 Cell: _____
 School name: _____
 Family Physician: _____
 Physician phone number: _____
 Is student presently under medical care or taking a prescribed medication?
 ___ Yes ___ No
 If yes, describe the medication/s:
 Is student allergic to any medication?
 ___ Yes ___ No If yes -list medication/s.

Does your son/ daughter have any health problems?
 e. g. Diabetes, pregnancy, seizures, allergies?
 ___ Yes ___ No
 If yes- please describe any special care that is needed.

 Parent/ Guardian Name: _____
 Parent Address: _____
 City/ State/ Zip: _____
 Phone: Home _____
 Work: _____
 Medical Insurance:
 Name of company: _____
 Name of insured: _____
 Policy number: _____
 Insured ID Number: _____

I, _____, _____ hereby
(name of parent /guardian)(relationship to student) authorize in advance any necessary medical treatment as required in the judgment of the attending physician while the student is absent from home and attending an FCCLA event.

Even though your son/ daughter may be 18 years of age, he/she will be subject to the rules of the conference (according to the age of majority, distributed by the Minnesota Dept of Education and the Attorney Generals' office) he/ she will not be allowed to possess or drink alcoholic beverages, possess or use non prescription drugs or smoke/chew tobacco.

Will you support your son/ daughter/s advisor and the FCCLA Executive Director in enforcing these rules?
 ___ Yes ___ No

Infringement upon these regulations requires that the student will be sent home from the conference at your expenses.
 Will you see to it that your son/ daughter is picked up at the conference if such a procedure becomes necessary?
 ___ Yes ___ No

I give my son/ daughter permission to swim in the hotel swimming pool and I will not hold Minnesota FCCLA responsible. ___ Yes ___ No

Signature: _____ Date: _____

In Case of Emergency Call:
 Name of first choice _____
 Work phone (_____) _____
 Home Phone (_____) _____
 Cell phone (_____) _____

Name of second choice _____
 Work phone (_____) _____
 Home Phone (_____) _____
 Cell phone (_____) _____

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 PO 131386, Roseville, MN 55113**