

2017 LEADERS IN LIFE YOUTH CONFERENCE

Registration Form

Return this form by Friday March 3, 2017

This form (if received electronically) is a fillable form. Save it to your computer before completing, then attach completed form to an e-mail to Sheri McWilliams: shmcwilliams@kern.org or print and fax it to: 661-636-4135.

(If you did not receive an electronic copy and would like to have one, you may download this form at www.leadersinlife.org)

School/Agency Name: _____

School/Agency Address: _____

City & Zip Code: _____

Head Advisor's Name: _____

Phone # of Head Advisor: _____

Fax # of Head Advisor: _____

Email of Head Advisor: _____

Please complete all information below; required student to adult ratio is 10:1.

Group # 1

Group #1 Adult Chaperone Name: 1.			
Student Names	Grade level	Student Names	Grade level
2.		7.	
3.		8.	
4.		9.	
5.		10.	
6.		11.	

Group 1 Total

Group # 2

Group #2 Adult Chaperone Name: 1.			
Student Names	Grade level	Student Names	Grade level
2.		7.	
3.		8.	
4.		9.	
5.		10.	
6.		11.	

Group 2 Total

Group # 3

Group #3 Adult Chaperone Name: 1.			
Student Names	Grade level	Student Names	Grade level
2.		7.	
3.		8.	
4.		9.	
5.		10.	
6.		11.	

Group 3 Total

Group # 4

Group #4 Adult Chaperone Name: 1.			
Student Names	Grade level	Student Names	Grade level
2.		7.	
3.		8.	
4.		9.	
5.		10.	
6.		11.	

Group 4 Total

Please try to keep your group sizes to 11 (1 Adult – 10 Students).
If you need to add students or chaperones to any group above, please list them here:

indicate group number for this person:	Name	Indicate with X		Grade Level
		Adult	Student	

Total number of Students and Adults registered _____ x _____ = \$ _____

Workshop Choices:

- The Leaders in Life Planning Committee will make every effort to accommodate your school/agency's preference for breakout sessions; however, if there are large volumes of requests for specified breakouts, schools/agencies will be assigned on a first come, first served basis. Once those breakout sessions are full, your school/agency will be placed in alternate breakout choices.
- Groups will attend two workshops. Refer to "**Breakout Session Workshop Topics**" (info packet). If possible, ask students from each group for input on workshop preferences.
- Each group may choose different workshops.
- **Indicate here**, each groups top three choices by the workshop number (1-30).

Group 1		Group 2		Group 3		Group 4	
1 st choice		1 st choice		1 st choice		1 st choice	
2 nd choice		2 nd choice		2 nd choice		2 nd choice	
3 rd choice		3 rd choice		3 rd choice		3 rd choice	

T-SHIRT SIZES

Please indicate the **quantity** of each size you will need for all **students** and **advisors/chaperones**.

Youth Large	Adult Small	Adult Medium	Adult Large	Adult X Large	Adult XX Large	Other QTY SIZE

TOTAL T-SHIRTS

- Please keep a copy of completed registration forms for your records.
- E-mail or fax it to: Sheri McWilliams: shmcwilliams@kern.org or fax: 661-636-4135 no later than **March 3, 2017**. (Registrations received early are more likely to attend their desired workshops)

Registration Fee

- **\$25 per person (students, advisors, and chaperones)**

Mail check or purchase order to:
 Kern County Superintendent of Schools Office
 Attn: Sheri McWilliams
 1300 17th Street, 5th floor
 Bakersfield, CA. 93301

Confirmation of your registration will be emailed within 3 business days after receipt. Please call Sheri McWilliams (661) 636-4739 or Jeff Coomber (661) 852-5674 if you have any questions regarding your registration.