___ Youth ___ Adult ___ C.A.L. Staff

C.A.L. 2017 Registration Form

"Creating A Leader"
Leadership Training Conference
V.I.P. Unlocking your Rhythm of Leadership
January 27, 28, & 29, 2017

The cost for the weekend is $165.00 ($175 if you would like a shirt)
It is open to 4-H members 11 – 17 years old

Due to UCCE Office, by Tuesday, November 29, 2016.

On Nov. 15, registration will be opened across the state.

Name (**please print legibly**) _____

Address_____ Male ___ Female ___

City_____ Zip_____ County: **SOLANO**

Phone Number (____)_____-_____ Age _____Grade_____ Previous No. yrs attending CAL _____

Parent E-mail (**please print legibly**) _____

Yes ____No ___Do you have any **food allergies or are you a vegetarian**? If yes, please explain on the back of this sheet. It is difficult to meet all of the needs of guests with specific food requirements (i.e., wheat allergies, vegan, etc.) We will do what we can in cooperation with Walker Creek Ranch.

Yes ___ No ___Will you bring **medication**?

Yes ___ No ___(**Youth**) I would like to be a **County Contact**, I would like to help lead my county's orientation and be the main youth contact from the CAL Staff to my county. Contact Kyle M. at highhealth98@gmail.com for more information.

Yes ___ No___(**Youth**) I would like to be a **Cabin Leader**. I will attend a training meeting on January 7th 2017. I have attended C.A.L. once before and am in 8th grade or above. Contact MacGarrett O. at macgarretosman@gmail.com or Sarah D. at sldavisson2@gmail.com for more information.

Yes ___ No___(**Youth**) I am willing to **help present an education workshop.** I will attend a training meeting January 7th 2017. Contact Kari M. at karimcmann@gmail.com for more information.

Yes ___ No ___I would like a C.A.L. Conference T-shirt for an additional $10. Please circle your size:

Youth- Small Medium Large ***Adult***- Small Medium Large X-Large

I plan to travel to the Conference with_____

_____
Signature of: CAL Conference Delegate (4-H member)/ CAL Adult Chaperone (4-H volunteer) Date

_____
Signature of: County 4-H Advisor/ County 4-H Office Coordinator/or County 4-H Office Representative Date

Last day to request refunds - ***December 18, 2016***. Requests need to be sent straight to Lance Elder at lqecon@pacbell.net.

Make checks payable to: ***Solano County 4-H***

Check List:

____1. Registration Form for all attendees

____2. Check for $165.00 (or $175 to include shirt)

____3. Signed Medical Treatment Form by all attendees, adults & youth

____4. Signed State 4-H Code of Conduct by all attendees; adults & youth

_____5. Signed C.A.L. Conference event rules by all attendees; adults & youth

____6. If a Chaperone, Chaperone Responsibility