\_\_\_ 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)**

Itis 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,ChaperoneResponsibility