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| School Name: |
| School Mailing Address: |
| City/Town Province Postal Code |
| School Phone #: School Fax #: |
| Advisor’s Name: |
| Advisor’s Home Phone #: Advisor’s Cell Phone:  |
| Advisor’s Email:  |
| ***Fees must be submitted with this sheet. Cheques payable to AASCA.*** |

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| **MAXIMUM 12 delegates (any combination of students and advisors)** |
| Total # attending (\_\_ advisors & \_\_ students): \_\_\_ x **$135.00** = \_\_\_A | **Send cheque and form to****AASCA****8415-42 AvenueEdmonton, AB T6K 1C9** |
|  5% GST (0.05 x A)= \_\_\_\_B |
|  AASCA Membership \*= $60.00 C |
|  Total Fee submitted (A+B+C) =\_\_\_\_\_\_\_\_ D *\*AASCA membership is paid once per school year* |

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| **Student accommodation: Please indicate your intention for student accommodation** |
|  | We plan on billeting our student delegates in the Lacombe community |
|  | We plan on reserving hotel rooms at the Best Western or at another hotel in the area |
|  | We do not require accommodation (billets or hotel) we live within 30 minutes of Lacombe |

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| **If spots become available would you be interested in bringing extra students?** No Yes |
| How many spots would you require? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*When this* ***form*** *and your* ***cheque*** *have been received at the above address you will be faxed a receipt. In late February you will receive information regarding student /advisor registration.*

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| **For Hotel Info****See Hotel Information on our website****http://connectedleaders.weebly.com/** | **Registration and Conference inquiries:****Dana Schafer****School:403-782-6615****connectedleaders2017@gmail.com** |