South Carolina Association of Student Councils

Advisor Clinic / Middle Level Student Workshop

Monday, January 24, 2011 - Brookland Baptist Church, West Columbia

School Name _____

Mailing Address _____

City _____ **Zip** _____

School Phone _____ **School Fax** _____

Advisor _____

Advisor E-mail _____

(required for confirmation)

Names of Middle Schools Students Attending

(Last name, first name) ***Grade Level*** ***Previous attendance at this workshop???***

1. _____

2. _____

3. _____

Would you send additional student delegates if space becomes available? _____

Names of Advisors Attending

(Last name, first name) ***Home Phone Number (required for emergency contact)***

1. _____

2. _____

Payment (Please submit one check payable to SCASC.)

_____ **Middle School Student Delegates /2011SCASC Member School @ $30** _____

_____ **Middle School Student Delegates/ Non-Member School @ $45** _____

_____ **Advisors / 2011 SCASC Member Schools @ $40** _____

_____ **Advisors/ Non-Member Schools @ $55** _____

TOTAL ENCLOSED _____

Registration must be postmarked by January 14, 2011 and mailed to:

Mrs. Lola Richbourg, SCASC Executive Director
2800 Bachman Road
Gaston, SC 29053

You will receive confirmation via email. Please do not arrive without this confirmation.