

2020 VISION OF LEADERSHIP

WADE HAMPTON HIGH SCHOOL MARCH 13-15, 2020

DELEGATE REGISTRATION FORM

Student's Name _____ Grade _____ Sex _____

Home Address _____ City/Zip _____

Home Phone _____ T-shirt size _____

E-mail address _____

Any special dietary needs? _____ Yes _____ No

Please explain. _____

Do you have any allergies to foods, pets, smoke, etc.? _____ Yes _____ No

If yes, please list: _____

School Name _____

School Address _____ City/St/Zip _____

School Phone (____) _____

Emergency Contact:

Name _____

Address _____ City/St/Zip _____

Home Phone _____ Cell Phone _____

Business Phone _____

Name of advisor attending _____

I pledge to abide by all conference rules and procedures while at the state convention.

Delegate Signature _____ Date _____

Parent/Guardian Signature _____ Date _____