

2020 VISION OF LEADERSHIP

WADE HAMPTON HIGH SCHOOL MARCH 13-15, 2020

ADVISOR REGISTRATION FORM

Advisor's Name _____ T-Shirt Size _____
Home Address _____ Home Phone (____) _____
City/St/Zip _____ Cell Phone (____) _____
School Phone _____ (for convention use only)

Best time to call (free period) _____

E-mail address _____

Are you a vegetarian? Yes _____ No _____

School Name _____

School Address _____ City/St/Zip _____

School Fax (____) _____

1. Where are you staying? _____

3. Do you need a spouse banquet ticket for Saturday evening? (\$15/ticket)

Yes _____ No _____

4. Do you plan to attend the advisor breakfast Sunday at Wade Hampton High?

Yes _____ No _____

5. How many years have you been a student council advisor?

Years _____

6. Are you planning to retire or step down as advisor at the end of this year?

Yes _____ No _____

7. If more delegate spots should become available, would your school be interested in sending additional delegates?

Yes _____ No _____