

*South Carolina Association of Student Councils*

**2024 Summer Workshop - School Composite Registration INVOICE**

**REGISTRATION WILL NOT BE PROCESSED UNTIL THE COMPOSITE FORM, PAYMENT (District Purchase Order, School Check, or Credit Card), AND ALL REGISTRATION FORMS ARE RECEIVED. All information requested below is required to complete registration. Incomplete registration will not be processed and will be returned to the advisor.**

**Please note: There are NO Refunds once the composite is received. Substitution (same gender is permitted). PLEASE Type or Print**

School Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
School Phone \_\_\_\_\_ School Fax \_\_\_\_\_  
Advisor \_\_\_\_\_ Advisor's Phone \_\_\_\_\_  
Advisor E-mail \_\_\_\_\_ Date Your School Closes This Year \_\_\_\_\_  
Principal \_\_\_\_\_ Principal's email \_\_\_\_\_

Names of Student Delegates Attending (Last name, first name) Phone Number Gender

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Palmetto member delegate - extra delegate  
\_\_\_\_\_

District Rally Host/ State Convention Host Delegate - extra delegate  
\_\_\_\_\_

Names of State/District Officers Attending (Last name, first name) NO FEE Phone Number Gender

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Names of Advisors Attending as Delegates (Last name, first name) Phone Number Gender

1. \_\_\_\_\_
2. \_\_\_\_\_

**Payment (Please submit one school/district check payable to SCASC.) Checks from individuals are not accepted.**

\_\_\_\_\_ Student Delegates X \$295 Total Amount \_\_\_\_\_  
\_\_\_\_\_ Advisors X \$175 (does not include housing) Total Amount \_\_\_\_\_

**TOTAL ENCLOSED** \_\_\_\_\_

**Mail to: Roger Mize, SCASC Executive Director  
PO Box 2123. Lexington, SC 29071**