

**April 9-12, 2015 | Rosen Shingle Creek Resort | Orlando, FL**

*UPON COMPLETION OF FORM, HAVE CHAPERONE SUBMIT DURING CONFERENCE REGISTRATION.*

- 1) **Student Name:** \_\_\_\_\_
- 2) **School Name:** \_\_\_\_\_ 3) **Division:** \_\_\_\_\_
- 4) **Purpose for Leaving:** \_\_\_\_\_  
\_\_\_\_\_
- 5) **Date of Leave:** \_\_\_\_\_
- 6) **Location of Event:** \_\_\_\_\_
- 7) **Departure Time:** \_\_\_\_\_ 8) **Return Time:** \_\_\_\_\_
- 9) **Adult responsible for student while away from Conference:** \_\_\_\_\_
- 10) **Means of Transportation to and from Event:** \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

### Notarization

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary in the State of \_\_\_\_\_. My commission expires \_\_\_\_\_

Chaperone Printed Name: \_\_\_\_\_

Chaperone Signature: \_\_\_\_\_

School Principal Signature: \_\_\_\_\_

### SERGEANT-AT-ARMS USE

Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Sergeant-At-Arms Advisor Signature: \_\_\_\_\_

Other Notes: