

MAHS/MASC STATE LEADERSHIP CONVENTION

April 6-8, 2019

MASC - STUDENT REGISTRATION FORM

(Registration \$135.00 per student)

Must be received in the MAHS/MASC Office by Friday, March 15 – 3:00 p.m.

Any registrations received after March 15 will be considered on numbers - advisor or student

Substitution Fee \$10.00 — Substitutions MUST be same gender

PLEASE PRINT OR TYPE LEGIBLY (Black or blue ink only - **no pencil**)

Name of Student _____

Grade of Student _____ Sex of Student _____ T-shirt size _____

____ **Attending as a Division Officer** ____ **Attending as a Presenter**

Email Address of Student ******(If you want to be included in a Convention email address listing)

Phone of Student _____

Dietary restrictions- Explain _____

An advisor or school staff member who is responsible for your students

Name of School _____

Name of Advisor _____ Cell Phone _____

Address of School _____
Street Address City State Zip Code

Please fax or return this form with check payable to MAHS/MASC by *March 15, 2019* to:

MAHS/MASC
2 Pine Tree Drive, Suite 380
Arden Hills, MN 55112
FAX: 612-361-6340

NOTE: Member schools may send only **five (5)** student delegates to the state convention.

Remember that if you have State or Division officers or workshop presenters, they do NOT count against your school total.

REGISTRATIONS ARE NON-REFUNDABLE AFTER, FRIDAY, MARCH 15, 2019

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MASC - ADVISOR REGISTRATION FORM

(Registration \$170.00 per advisor)

Must be received in the MAHS/MASC Office by Friday, March 15 – 3:00 p.m.

Any registrations received after March 15 will be considered on numbers - advisor or student

HOUSING

Reservations are to be made directly with the hotel. Room selection/rates are the advisors' responsibility.

PLEASE PRINT OR TYPE

Number of years as an advisor _____

Name _____

Are you a new advisor? Yes _____ No _____

School Name _____

Are you a 1st time attendee? Yes _____ No _____

School Address _____

Street

City

State

Zip Code

School Phone _____

Cell Phone _____

E-Mail Address _____

T-shirt size _____

Dietary restrictions- Explain _____

If you would like to bring a **guest** for the banquets, please fill out the reservation form below and add the cost of the meals to your registration fee. Please reserve:

_____ Saturday evening's Advisors' Banquet Guest Reservation at \$40.00 per person.

Advisors' guest's name _____

_____ Sunday evening's Advisors' Banquet Guest Reservation at \$30.00 per person.

Advisors' guest's name _____

_____ TOTAL GUEST RESERVATIONS AT AN ADDITIONAL TOTAL COST OF \$ _____

Make checks for your registration and extra meals payable to MAHS/MASC.

_____ \$170.00 Convention Registration Fee (**includes all meals**)

_____ Guest Reservation Fees (from above)

_____ TOTAL ENCLOSED

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Host Family Information Sheet

Please fill out the following sheet and **return it with your registration** to ensure your stay with the best possible host family.

Name _____

School _____

I am _____ male _____ female (check one) in grade _____

Allergies: _____

Special diet needs (including a vegetarian diet; if you need special foods i.e. lactose intolerant, gluten allergy):

Other special needs: _____

**Please return by mail or fax the Host Family Sheet and
Registration Form on or before March 15th – 3:00 p.m.
Fax: 612-361-6340**