

# ADULT REGISTRATION FORM

## OFFICE ONLY

Early Arrival

Trans.

### BE A SUPER HERO WITH CADA LEADERSHIP 2011 CALIFORNIA ASSOCIATION OF DIRECTORS OF ACTIVITIES

UC Santa Barbara I, July 6-9

UC Santa Barbara III, July 16-19

UC Santa Barbara II, July 11-14

UC Santa Barbara Middle School, July 21-23

#### T-Shirt Size

Sm  Med  Lg  XL

I have been to CADA Camps before.... Yes \_\_\_\_\_ No \_\_\_\_\_ Number of years \_\_\_\_\_

Adult Name: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School City, State, Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Transportation to and from camp (Method you and your delegation will use): \_\_\_\_\_

Recommended a maximum of 3 students for Advanced Council who meet **ALL 3 OF THE CRITERIA BELOW...**  
(for high school only). *Please note that there may not be space for all students recommended.*

- Have been to a CADA Camp.
- Demonstrate superior leadership abilities.
- Would be a good advanced council candidate.

Name	Office Held
1. _____	_____
2. _____	_____
3. _____	_____

If your Student Body President has **not** attended CADA Camp and they are in your delegation, please put their name below.

President Name: \_\_\_\_\_

During the course of camp, students may be photographed and/or videotaped.  
These photos and tapes may be used for promotion of CADA camps or for training purposes.

\_\_\_\_\_  
Advisor (Adult) Signature

\_\_\_\_\_  
Date



PLEASE MAIL **TWO COPIES** OF THIS FORM TO:  
JACK ZIEGLER, 552 COLLEGE STREET, WOODLAND, CA 95695

**FORMS MUST BE POSTMARKED NO LATER THAN JUNE 10, 2011**

PLEASE KEEP THE PINK FORM FOR YOURSELF AND BRING IT TO CAMP  
RETURN THE WHITE AND THE YELLOW

Forms postmarked after June 10 must be confirmed  
by phone (530) 662-8533 or jziggie@aol.com