Please make a copy of this application for your records. Also download form at www.cadaleadershipcamps.org

CADA LEADERSHIP CAMP 2012 APPLICATION FORM

MIDDLE SCHOOL

Office Use Only	
Date Rec	
CK#	
BK#	
Amt. Pd. $	
Amt. Due $	
Early Arrival #	

Save your place in CADA Leadership Camps. Please complete this form along with deposits or full payment and return to Jack Ziegler. The names of your student delegates are not needed at this time! Upon receiving this form, the **contact person** will be sent registration materials for your campers to complete and send to CADA Leadership Camps by June 15, 2012.

Remember, the advisor or responsible adult is required to attend with the student delegation at all CADA/CASL events.

School _____ Ph. (___)____ -_____ Fax (___)____ - _____

School Address_____ City_____ State_____ Zip_____

Advisor/
Responsible Adult _____ Home Phone (___)____ -_____

Home Address_____ City_____ State_____ Zip_____

ALL REGISTRATION FORMS & CAMP INFORMATION WILL BE SENT TO THE CONTACT PERSON BELOW.

Contact Person _____ Phone (___)____- _____

Address_____ City_____ State_____ Zip_____

Specific Job Title_____ E-mail:_____

Total No. of Students Attending ☐ Total No. of Advisors Attending ☐

CAMP: U.C. Santa Barbara July 9-11 _____ **Enter total number of adults & students**

(Please indicate numbers at each camp from your school) ***(Names of campers are not needed at this time)***

For delegations over 15 students a second advisor is needed at that camp.

Please send only Middle School (6th - 8th grade) students.

Regular Payment must be postmarked by June 1, 2012

As deposits are non-refundable, please have alternates ready.

☐ Full payment enclosed (see rates below) ☐ Non-refundable deposit of $100 a person

A. $455* Per student - Full payment postmarked by June 1. **(REGULAR RATE)**

No. of Students _____ Amount $ _____

B. $485* Per student - After June 1. **(LATE RATE)**

No. of Students _____ Amount $ _____

C. $350* Advisor is required to attend with delegation and will assist with supervision as needed. Please make certain any replacement advisors are aware of this obligation. (This special advisor rate applies to adult advisors only.)

No. of Advisors _____ Amount $ _____

D. $100/$230 If there is no CADA member at your school please send a **separate check** made out to "CADA Membership". CADA is a professional organization for adult educators. The $230 amount is for a school membership for up to 3 persons. Amount $_____

E. $100 Non-refundable deposit per person ($355 ($250 advisor) balance must be paid by June 1)

No. of Persons _____ Amount $_____

F. $40 Per person - *Early arrival option*. For campers from a long distance (especially from the north or out of state) UCSB is offering a special housing only option the night before each camp. There is limited space for this option. Contact Jack Ziegler for more information.

No. of Persons _____ Amount $_____

*** Includes the $100 per person non-refundable deposit.** TOTAL $ _____

For more information: Call: (530) 383-3500, (530) 666-0808 or 662-8533, Fax: (530) 662-8118, E-Mail: jziggie@aol.com • www.cadaleadershipcamps.org

Mail registration form to: Jack Ziegler - 552 College Street, Woodland, CA 95695

NOTE: Refund requests must be in writing and postmarked no later than June 1, 2012. The $100 (per person) deposit will be deducted from your refund. After June 1, 2012, no refunds can be made.

Students must be transported by advisors, parents or a common carrier. Students must not drive themselves to CADA Leadership Camp.

Please - No purchase orders. Payment must be by school check made out to CADA Leadership Camps.

Remember: Camp fees may be fundable through various substance abuse prevention programs, as well as, SIP, restructuring funds and other funding sources.

Advisor please check carefully & sign _____ Date_____

(OVER FOR HIGH SCHOOL)