



2017 YOVASO Summer Leadership Retreat
 June 19-22, James Madison University, Harrisonburg, VA
School Sponsor/SRO Registration Form



Please complete and return the attached form as soon as possible to ensure your spot or submit online at www.yovaso.org (Retreats)

YES! I will be attending the 2017 YOVASO Summer Leadership Retreat June 19-22. If students are attending from my school, I understand that I will be responsible for chaperoning the students and participating in sessions with my school team.

Full Name: _____

Title: _____

School Representing: _____

Number of Students Bringing: _____

Required Background Check Information:

JMU and the Virginia State Police require all adults attending the retreat undergo a background check. This is becoming a standard practice for all conferences where adult participants have direct contact with minors. Please provide your social security number and date of birth below so that VSP can complete the checks in compliance with JMU policy. Your personal information is kept confidential.

Date of Birth: _____

Social Security Number: _____

Have you undergone a background check with your current job: yes no

If yes, what year was the background check completed: _____

What agency, school system, etc. completed the background check: _____

Summer Contact Information: (Retreat packets will be mailed in June)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Summer Contact Phone Number: _____

(A phone number where you can be reached during the summer)

Overnight Accommodations:

All adult sponsors and SROs will be rooming in the dorms **and** chaperoning your students. You may be required to share a room with another adult. However, if space is available, you may request a private room.

I request to room alone if space is available

I would like to share a room with: _____

Dining / Awards Banquet Dietary Requests:

Please list any food allergies or special dietary needs: _____

Please check if you request a vegetarian or vegan option for the Awards Banquet:

I request a vegetarian/vegan meal

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Contact Phone Numbers: (Cell) _____ (Home) _____ (Work) _____

Any health conditions staff should be aware if you become ill or are injured: _____

T-Shirt Size: (circle one) S M L XL 2XL 3XL (T-shirts are adult sizes only)

I agree to attend the 2017 YOVASO Summer Leadership Retreat and, if accompanying students, agree to be in charge of chaperoning students that are attending from my school.

 Sponsor/SRO Signature _____ Date _____

Registration Fee:

YOVASO will be charging a small \$25 registration fee* per person, or a discounted team fee of \$125 for a team of 6 students and one sponsor. This fee helps to offset the cost of retreat materials that aren't funded under our grant and increase attendance accountability for those who register. This will enable us to continue providing t-shirts, backpacks, and lanyards and help us recover some of the dorm room and meal costs for any no shows. **Payments will only be reimbursed if registration is cancelled prior to June 2.**

**YOVASO Youth Leaders will not be charged \$25 fee.*

All retreat checks are to be made out to YOVASO and mailed to the YOVASO Office at the address below. There is no online payment option. Please write your name and/or the name of the students the fee will cover on the check or on an attachment.

Mail checks to:
YOVASO Summer Retreat
3775 W. Main St.
Salem, VA 24153

Registration forms may be mailed with your check, faxed to YOVASO at (540) 380-3348, or submitted online at www.yovaso.org