

Leadership Dynamics Registration Contract Summer 2010

Disclaimer:

I have read the attached background information about the Leadership Dynamics program. In enrolling in Leadership Dynamics, I agree to abide by the program guidelines and the policies of Badger High School. I understand that this program is part of a high school course offered for credit and a grade, and therefore will require my attendance and work throughout the week. I also understand that we will have access to the recreational facilities at Badger High School, weather and school permitting. Finally, I understand the need for volunteer chaperones for overnight supervision of students, and will encourage adults in my family to volunteer for that responsibility.

Personal Information: Please print clearly the following information

Student Name _____ Name Parent/Guardian _____

Address _____

Parent/Guardian Home Phone _____ Work Phone _____

Current Year in School: (Circle) 8 9 10 11 **Gender:** (Circle) Male Female

Course Selection and Week Preference

For the course you are registering for please do the following:

- Circle course you are registering for.
- Rank weeks in order of most desirable with a number: 1 and least desirable with a 2, 3, etc...
- Cross out week(s) that *will not work* due to prior commitments.

LD ONE: ___ June 13-18 ___ June 20-25 ___ June 27-July 2 ___ July 11-16 ___ July 18-23

LD TWO: ___ June 13-18 ___ June 20-25 ___ June 27-July 2 ___ July 11-16 ___ July 18-23

_____ **LD Three: To be Announced** _____ **Senior Leadership: June 20-25**

Payment Plan:

- ___ Payment in full (\$150) submitted with registration contract
- ___ Down payment of \$100 enclosed; balance due upon arrival at camp.

- A late fee of \$20 will be assessed if the balance is not paid by April 9th, 2010
- Written notification of cancellation to Mrs. D. Giovingo is due by May 14, 2010 for a refund.

Make checks payable to **Badger High School** and send to:
(please write '**Leadership Camp**' in the memo area of your check)

Mrs. D. Giovingo
c/o Badger High School
220 South Street
Lake Geneva, WI 53147

OR: Submit this signed form, with your payment, to the Badger office secretary to receive a receipt.

Student Signature/Date: _____

Parent/Guardian Signature/Date: _____

Chaperone Information:

- ___ I plan to chaperone during the week my son/daughter is in camp. (I am ___female/___male)
- ___ I plan to chaperone during one of the weeks that I have no students in camp. (Specify week: _____)