



The National Catholic Center
for Student Aspirations
at Assumption College

REGISTRATION FORM

NCCSA STUDENT LEADERSHIP CONFERENCE

Hosted by the Center for Catholic Education

Friday, January 15, 2010 at Boston College

Please print clearly to avoid errors on nametags and future correspondence.



Center for Catholic Education
at Boston College

I

SCHOOL CONTACT INFORMATION

School _____

Address _____

Principal _____

II

STUDENT REGISTRATION

Five 6th and/or 7th grade students from your school are invited to participate. You may detail any special considerations (dietary, physical, etc.) on the back of this form.

Student's Name	Grade (6 th or 7 th)	Youth T-shirt Size (S, M, L, XL)	Special Considerations
1. _____			<input type="checkbox"/>
2. _____			<input type="checkbox"/>
3. _____			<input type="checkbox"/>
4. _____			<input type="checkbox"/>
5. _____			<input type="checkbox"/>

III

CHAPERONE REGISTRATION

One or two faculty/administrator(s) from your school are invited to participate. You may detail any special considerations (dietary, physical, etc.) on the back of this form. Please include chaperone contact information so you can be notified of any last minute schedule changes.

Chaperone's Name	Subject Area/Grade Level	Adult T-shirt Size (S, M, L, XL)	Special Considerations
1. _____			<input type="checkbox"/>
2. _____			<input type="checkbox"/>

Chaperone Cell Phone: _____ Chaperone Email Address: _____

IV

PAYMENT

Conference cost is \$25 per person (students and adult chaperones).
Please make checks payable to: **Assumption College**

V

REGISTRATION DEADLINE

Please return this completed registration form and appropriate payment by **Friday, December 4, 2009** to:

Karen Kennedy
Boston College
Center for Catholic Education
25 Lawrence Avenue
Chestnut Hill, MA 02467

Phone: (617) 552-0602 | Fax: (617) 552-0579