

NY State Payment form for National Meeting Registration

Form and money due by April 21, 2011

Name _____ School: _____

	#	X	\$	=	Total
Registration Package:		x	320		*
Includes Registration Knottsberry Farm & Soak City FCCLA Gala					
OR you may register for each thing separately:					
Registration	Registration fee. (late fee \$10)	x	165		*
Tuesday	Knottsberry /Soak City	x	86		*
Wednesday	FCCLA Gala	x	75		*
CEU	CEU Credits	x	20		*
Total National Registration Fees due April 21			Sub Total		
State Fee (Due May15th)		x	15		
State Activity –Disneyland (Ordering on Own)		x	43		*****
Total of Registration & State Fees			Total		

***Send Form and Money by April 21, 2011.**

Make check payable to **NYSFCCLA**

Mail to: Karen Thomas
PO Box 288
Brownville, NY 13615

Check # _____ \$ _____

Check # _____ \$ _____

Total Paid \$ _____

'NY State form for National Meeting Rooming

Form, one night's deposit and rooming list due **April 21, 2011**

Balance to be received by **JUNE 1, 2011**

Name _____

Rooming	# people	# nights	Amount	
Single room	_____ x	_____ x	208	_____
Double room	_____ x	_____ x	104	_____
Triple	_____ x	_____ x	70	_____
Quad	_____ x	_____ x	52	_____

Total Rooming _____

Attach **rooming list** and enclose at least one night's room deposit by April 21, 2011.
Remaining balance due June 1, 2011.

Make check payable to **NYSFCCLA**


Mail to: Karen Thomas
PO Box 288
Brownville, NY 13615

Check # _____ \$ _____
Check # _____ \$ _____
Check # _____ \$ _____

Total Paid \$ _____

2011 NATIONAL FCCLA LEADERSHIP MEETING
July, 10-14, 200911

State NEW YORK Contact Name Karen Thomas Phone Number 315-783-3111
 Email Kthomas189@twcny.rr.com

Type Single, Double Triple, Quad *Accessible 	RoomNo. (Given by hotel at check-in)	Name	A D U L T	S T D E N T	Sex M/F	Arrival Date/Time	Departure Date/Time
		1. 2. 3. 4.					
		1. 2. 3. 4.					
		1. 2. 3. 4.					
		1. 2. 3. 4.					
		1. 2. 3. 4.					