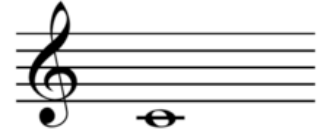




**New York State
NYS AFCSE Professional Development
FCCLA Summer Leadership Training
Owego Treadway Inn, Owego, NY
July, 25-28, 2011**



Date Monday, July 25, 1:00 p.m. through noon on Thursday, July 28, 2011

Place Owego Treadway Inn Conference Center

NYS AFCSE:

Donna Donaldson
24 Barclay St., Saugerties, NY 12477
Phone: 845-246-5059 (H) 845-332-8137 (C)
Donnad5227@gmail.com

NYS FCCLA:

Karen Thomas
PO Box 288, Brownville, NY 13615
Phone: (H) 315-788-2006 (C) 315-783-3111
e-mail: kthomas189@twcny.rr.com

Owego Treadway Inn Conference Center - Phone Number 607-687-4500

Highlights Tuesday evening dinner and activity - Alumni Day
Tuesday / Wednesday – Professional Development,
Workshops, mixers, projects, outreach, district meetings, FUN

Bring Food Clothes and Personal Items
Snacks Comfortable shoes, informal clothes
Beverages One outfit suitable for restaurant meal
Soap/shampoo/personal items, extra towel
Cell phone, phone card or change
Notebook/Paper/ pen

FCCLA CHECKLIST

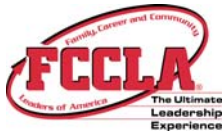
— Send **Registration / Permission form** for each person's reservation by **June 20th** to

Karen Thomas at:

kthomas189@twcny.rr.com
Phone 315-788-2006
PO Box 288, Brownville, NY 13615

___ **Payment by July 10th** (if not sent with registration form)

___ Student Medical Form and Conduct Code (if not on file from State or National meeting)



REGISTRATION / PERMISSION FORM

FCCLA Summer Leadership Training



Return by **June 20, 2011** to: Karen Thomas
 PO Box 288, Brownville, New York 13615
 E-mail: kthomas189@twcny.rr.com Phone: 315-788-2006

_____ Advisor	_____ State Officer-elect	DISTRICT # _____
_____ Other Adult	_____ Junior Leader	
_____ Alumni & Associates	_____ District President or Representative	<input type="checkbox"/> Payment enclosed
_____ State Officer	_____ Other Student	<input type="checkbox"/> I will send payment by 7/10/11

Name _____

Home Address _____

Home Phone _____ E-mail _____

School Name _____

STUDENT SECTION ONLY:

Student will be traveling with _____
 (advisor or chaperone's name)

- My parents have seen the Summer Leadership information and they have authorized my attending
- I agree to be responsible to my chaperone at all times and not leave the group without a chaperone
- I have completed Conduct Code /Health forms _____ on file _____ enclosed
- Yes, I have permission to attend dinner off site in Owego.

Signatures Student _____

Parent _____

Advisor/Chaperone _____

PAYMENT

Package	Registration, Room & Meals, Monday-Thursday	Triple /Quad	\$200
	(These rates are per person)	Double	\$255
		Single	\$381
		Total	

		Monday	Tuesday	Wednesday			
Cost for Alumni or FCCLA Member / Advisors/ Parent/Guests who can come for part of the time. 18% Gratuity included in meals @ Inn Tuesday's Dinner is a Chicken Bar Be Que off site	Rooming				x	Quad	\$22
					x	Triple	\$28
					x	Dble	\$43
					x	Single	\$85
	Breakfast	N/A			x		\$12.00
	Lunch	N/A			x		\$13.50
	Dinner		N/A		x		\$21.50
Dinner	N/A		N/A		x	\$15.00	

TOTAL DUE (check made out to: **NYSFCCLA**) (**Rooming & Meals**) \$ _____