

2027 Summer Leadership Camp

Pre-Registration Breakdown of Chapters Form

REMINDER: Please submit ONE Breakdown of Chapters Form per County Registration.
Please DO NOT submit multiple forms.

If you need to change or modify your information after submission, please email georgiaslc@gaaged.org.

County Information

Please submit ONE Breakdown of Chapters Form per County Registration.

County Name *

Please provide the name of the county that you are completing a Pre-Registration for.

Number of Chapters included in Breakdown of Chapters *

Advisor Information

Advisor will receive a PDF copy of the completed Breakdown of Chapters Form upon submission. Please double check submission receipt for accuracy. If you need to change or modify your information after submission, please email georgiaslc@gaaged.org.

Advisor Name *

Include First and Last Name

Advisor Email *

example@example.com

Breakdown of Chapters

Please complete the information below for the total number of chapters that you have pre-registered for.

REMINDER FOR Advisor Completing the Breakdown of Chapter Form - Please include YOUR chapter information as well as any additional chapter's information included in your Pre-Registration when completing your Breakdown of Chapters.

School # 1 *

School Name

FFA/FCCLA?

Advisor First Name

Advisor Last Name

Email

Cell-Phone Number

School # 2 *

School Name

FFA/FCCLA?

Advisor First Name

Advisor Last Name

Email

Cell-Phone Number

School # 3 *

School Name

FFA/FCCLA?

Advisor First Name

Advisor Last Name

Email

Cell-Phone Number

School # 4 *

School Name

FFA/FCCLA?

Advisor First Name

Advisor Last Name

Email

Cell-Phone Number

School # 5 *

School Name

FFA/FCCLA?

Advisor First Name

Advisor Last Name

Email

Cell-Phone Number

School # 6 *

School Name

FFA/FCCLA?

Advisor First Name

Advisor Last Name

Email

Cell-Phone Number

School # 7 *

School Name

FFA/FCCLA?

Advisor First Name

Advisor Last Name

Email

Cell-Phone Number

School # 8 *

School Name

FFA/FCCLA?

Advisor First Name

Advisor Last Name

Email

Cell-Phone Number

School # 9 *

School Name

FFA/FCCLA?

Advisor First Name

Advisor Last Name

Email

Cell-Phone Number

School # 10 *

School Name

FFA/FCCLA?

Advisor First Name

Advisor Last Name

Email

Cell-Phone Number

Submit