2024 SLC Final Registration Roster - COVINGTON

NOTE

- · This form is due on the Wednesday prior to your week of camp.
- You will receive an emailed copy of your completed form when you add your email address below.

Please only submit ONE FORM per chapter!

Chapter Information

Chapter Name *	
	Example: Colquitt High
FFA/FCCLA *	○ FFA
	O FCCLA
Advisor Name *	
	First Name Last Name
Advisor Email *	
	example@example.com
Confirmed Week of	O Week 1 (May 27 - May 31)
Attendance: *	○ Week 2 (June 3 - 7)
	○ Week 3 (June 10 – 14)
	O Week 4 (June 17 - 21)
	O Week 5 (June 24 - June 28)
Is your chapter intere	ested in leading flag raising one morning?
○ Yes	
O No	
Special Needs *	
	2

Ex. Food allergies, vegetarian needs, handicap accessibility, other chapter you need to room with due to chaperone arrangements (Note: we must receive rooming requests at least one week prior to camp. We do not guarantee all rooming requests.)

Roster: Total Number

Total number of people attending with your chapter. Include EVERYONE coming with your chapter: Students, Advisors, Advisor Children, and Chaperones

Total Number of
People *

Include EVERYONE coming with your chapter.

Instructions for Adding Names

Names of Female Students. Please click the (+) sign AFTER each name. The (+) is beside the box.



Please click the + sign AFTER each name.

Female Students: Total Number

By registering these numbers, you are certifying that these are dues-paid members of FFA or FCCLA and that you are bringing or have arranged supervision for them. If none, please type "0."

Number of Female
Students *

Names of Female
Students. Please
click the (+) sign
AFTER each name.
The (+) is beside the
box.

Male Students: Total Number

box.

By registering these numbers, you are certifying that these are dues-paid members of FFA or FCCLA and that you are bringing or have arranged supervision for them. If none, please type "0."

Number of Male
Students *

Names of Male
Students. Please
click the (+) sign
AFTER each name.
The (+) is beside the

Female Adults: Total Number

Include advisors, chaperones, bus drivers, and any other adults attending. If none, please type "0." Number of Female Advisors * Number of Female Chaperones * Names of Female Adults. Please click the (+) sign AFTER each name. The (+) is beside the box. Male Adults: Total Number Include advisors, chaperones, bus drivers, and any other adults attending. If none, please type "0." Number of Male Advisors * Number of Male Chaperones * Names of Male Adults. Please click the (+) sign AFTER each name. The (+) is beside the box.

Advisor's children who	are NOT FFA or FCCLA Members. If none, please type "0."	
Number of Female Children *		
Ages of Female Children		
Names of Female Children. Please click the (+) sign AFTER each name. The (+) is beside the box.	+	
	n: Total Number are NOT FFA or FCCLA Members. If none, please type "0."	
Number of Male Children *		
Ages of Male Children		
	+	

T-Shirt Sizes

Please list the shirt sizes for ALL individuals attending SLC. Make sure you have one shirt per person (Including Students, Advisors, Chaperones, and Children).

Yout	h Small		
Yout	h Medium		
Yout	h Large		
Smal	I		
Medi	um		
Large	2		
XL			
2XL			
3XL			
4XL			
Any S abou	Special Notes t Shirts	//	
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Emergency Contacts

We need the Cell Phone Number for each adult attending. We use this during camp for emergency contacts. Our medical staff can reach you about an injured student through these emergency numbers listed.

Adult # 1 *	Name Cell Phone Number	
Adult # 2	Name	
Adult # 3	Cell Phone Number	
Adult # 4	Cell Phone Number	
Adult # 5	Cell Phone Number	
	Name Cell Phone Number	
Note: You will rec	eive an automated confi	irmation email of your responses embedded within this form.
		Submit