

# DELEGATE INFORMATION FORM

RETURN FORMS BY: February 20, 2009

To: **Cooperative Network**  
131 W. Wilson St., Suite 400  
Madison, WI 53703-3269  
Fax: (608) 258-4407

**NO ONE MAY ATTEND THE MEETING WITHOUT A SIGNED PARENTAL PERMISSION SLIP.**

## Minnesota Cooperative Youth Leadership Conference March 16-17, 2009 Radisson Hotel, Roseville, MN

Please **print legibly** or type:

INCOMPLETE REGISTRATIONS WILL BE RETURNED.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Sex (M / F) \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Organizing Individual (teacher/youth leader) Name and Phone \_\_\_\_\_

Organizing Individual email address \_\_\_\_\_

Hometown newspaper name \_\_\_\_\_ Phone number \_\_\_\_\_

Newspaper fax \_\_\_\_\_ Newspaper email \_\_\_\_\_

Name of local FFA or 4H club if you are a member: \_\_\_\_\_

### SPONSOR INFORMATION:

Sponsor organization: \_\_\_\_\_

Sponsor address: \_\_\_\_\_

Sponsor contact person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Sponsor **contact person email:** \_\_\_\_\_

**REGISTRATION FEE IS \$150 PER INDIVIDUAL.** I agree to sponsor the above student for the amount of \$150. A Sunday night lodging fee is approved by me. Yes / No (Circle one)

Sponsor signature: \_\_\_\_\_

### IS SUNDAY NIGHT LODGING REQUIRED? [ ] YES [ ] NO (COST \$45)

THE COST WILL BE **YOUR EXPENSE** UNLESS APPROVED BY THE CO-OP IN ADVANCE, AND IS BASED UPON THE ASSUMPTION OF **AT LEAST 3 PEOPLE PER ROOM.** SUNDAY LODGING **WILL NOT BE PROVIDED WITHOUT ADVANCE RESERVATION.**

List other participants who will be riding with you to the conference.

\_\_\_\_\_

**Please specify any disability accommodations needed** (indicate number of registrants needing one or more of the following to participate in this conference):

\_\_\_\_ Dietary restrictions/vegetarian; please specify \_\_\_\_\_

\_\_\_\_ Brailled materials \_\_\_\_ Taped or large print materials \_\_\_\_ Barrier-free room

\_\_\_\_ Interpreter (e.g. ASL, signed English), please specify \_\_\_\_\_

\_\_\_\_ Accessible parking space \_\_\_\_ Wheelchair or Scooter User

Other (specify): \_\_\_\_\_

**Requests must be made before the final registration deadline. After the deadline, no guarantee can be made for diet or other accommodations.**

**PARENTAL PERMISSION:** I give my permission for \_\_\_\_\_ to attend the Minnesota Cooperative Youth Leadership Conference at the Radisson Hotel, Roseville, MN.

**Parent/Guardian Signature:** \_\_\_\_\_ (Print and Sign)

**No youth will be admitted without this SIGNED PARENT/GUARDIAN PERMISSION or without payment.**