FCCLA STATE OFFICER TRAVEL FORM

This form should be completed and to Mrs. Knoche fcclamrsknoche@gmail.com no later than May 24 for the CTSO Leadership Camp at the MSU Campus in Bozeman, MT June 3-5, 2016

State Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity: CTSO Leadership Camp

**Location:**  MSU Bozeman Campus. Lodging: Hapner Hall. Meetings: Herrick Hall

Officer Arrival Date: Friday, June 3, 2016 at 1:00 PM

 *(Please note if your arrival time will vary from this)*

Officer Departure Date: Sunday, June 5, 2016 at 12:00 PM

 *(Please note if your departure time will vary from this)*

Chaperones: Nicole Wanago and Kim Knoche will be your chaperones.

Do you have food allergies/dietary concerns? If so, what?

What are your transportation arrangements?

Who will be the adult driver of the vehicle?

Will other CTSO officers be traveling with you? If so, please name them.

Is the vehicle personal or school-owned?

Is your school district aware of these arrangements?

PROVIDE A CELL PHONE NUMBER YOU WILL HAVE WITH YOU *AT ALL TIMES*:

Mrs. Wanago cell phone number is: 406-581-7285 Mrs. Knoche cell phone is: 406-351-3201

*Personal Liability Release*

All persons under legal age must have their parents/guardians agree to and affix signatures to the statement below in order to attend the State and National Leadership Conferences of FCCLA and the State Officer Meetings of the Montana Association of FCCLA, or any other official meetings of FCCLA.

The undersigned, being parents or guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a member of the student organization known as FCCLA, hereby agree to release the State of Montana, FCCLA, its representatives, agents, servants, and employees from liability for any injury resulting from any cause whatsoever occurring at any time while said minor is attending a conference or meeting of FCCLA, including travel to and from such meetings.

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 Parent or Guardian Signature/Date Parent or Guardian Signature/Date