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|  | **NCACC Youth Summit*****Registration for Youth Delegates* // *DUE JULY 3***Aug. 15-16, 2014, Doubletree Biltmore/Renaissance Asheville, Buncombe County |

**Use this form only to collect information. All registrations must be completed online no later than July 3. The link to register online is:** https://docs.google.com/forms/d/1dFqGYFcHRjYC1LJ-Sxnu0YhpMnDVTTS5GhmKID8r2FU/viewform

Name (first/last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name (for nametag): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Where You Participate in 4-H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult Shirt Size: \_\_\_\_\_\_ Age: \_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Demographic Info**

*Collected for compliance with federal reporting requirements designed to ensure all programs are conducted in an equitable and non-discriminatory manner*

Gender: [ ]  Male [ ]  Female Grade in School:

Race or Ethnicity: [ ]  White or Caucasian [ ]  Black or African-American [ ]  Asian[ ]  Native American or Alaskan Native

*(check all that apply)* [ ]  Native Hawaiian or Pacific Islander [ ]  Hispanic or Latino [ ]  Other (Please explain: )

Place of Residence: [ ]  Farm [ ]  Town under 10,000 or rural non-farm [ ]  Town of 10,000 – 50,000

*(check one)* [ ]  Suburb of City of 50,000 or more [ ]  City over 50,000

Name of adult you will be riding to the event with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Gas cards will be provided to adult chaperones who transport three or more youth to the event.*

**Assignments (initial that you have completed and indicate date of completion)**

Interviewed a county commissioner; or met with county manager and toured county administrative building \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Attended (or plan to attend prior to Summit) my Board of County Commissioners meeting \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted a report (written or video/multimedia) of the interview/experience, or scrapbook \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Needs**

Dietary Needs: [ ]  Vegetarian (eat eggs, dairy) [ ]  Vegan (no eggs, dairy, animal products of any kind)

[ ]  Other diet restrictions (Please explain:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any other special needs or accommodations that may be required to enable you to participate in this program:

[ ]  Yes, I understand that this event will be conducted under the North Carolina 4-H Youth Development Code of Conduct ([www.nc4h.org/uploads/documents/publications/forms/4-H\_codeofconduct.pdf](http://www.nc4h.org/uploads/documents/publications/forms/4-H_codeofconduct.pdf)), and that all misconduct will be handled accordingly.

I accept the opportunity to represent my county at the 2014 NCACC Youth Summit, to be held August 15-16, 2014, in Buncombe County. Because the NCACC is covering my costs for attending this event there is a $130 charge if I leave the delegation after signing this agreement (substitutions may be made of the same gender and age). I understand that if I withdraw from the delegation or am asked to leave the event after July 3, 2014. I am obliged to pay the above fee.

Name of parent or guardian (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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