



Nova Scotia Secondary Schools Students' Association

Metro Region Presents

# Blossom 2018 – Delegates

November 10-11<sup>th</sup>, 2018 (Dropoff 8:00am Saturday – Pickup 12:00pm Sunday)

Rosaria Building of Mount Saint Vincent University, Bedford, Nova Scotia

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ Apt # \_\_\_\_\_

City / Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (h): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone (c): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

**Medical & Dietary Concerns** (*Information will remain confidential*): \_\_\_\_\_

\_\_\_\_\_

*At this conference, there will be representatives of the NSSSA documenting the event. Do you consent to be photographed and/or recorded to be used by the NSSSA for promotional purposes only?*

Circle One:      **Yes**      **No**

Parent / Guardian Name: \_\_\_\_\_

Phone (h): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone (c): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent / Guardian Email: \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone (c): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your alternate contact must be a responsible person **other than your parent or guardian**.

Role of the School Advisor:

All participating schools **MUST** have a principal's designate (advisor) at the conference. This may be the role of a teacher, parent, or other adult selected by the school's principal, in a ratio of one (1) advisor for every twelve (12) students. **Please have your school's advisor fill in the information below.**

Advisors Name: \_\_\_\_\_ Phone (c): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Advisor Email: \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ Date Signed (YYYY/MM/DD): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Principals Name: \_\_\_\_\_ Phone (c): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Principal Email: \_\_\_\_\_

**Principals Signature:** \_\_\_\_\_ Date Signed (YYYY/MM/DD): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Complete this form and address a Cheque, or Money Order payable to your school for \$75. Forms must be submitted by October 22<sup>nd</sup>, 2018. No refunds will be accepted after November 1<sup>st</sup>, 2018.**

Any questions or concerns regarding registration should be directed to the Metro Cabinet 3-tion's:

**Bleona Sahiti**  
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902-445-6102

**Cameron Fiander**  
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902-877-4170

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