

Delegate Registration Form

Nova Scotia Secondary School Students' Association

J.O.L.T '23

Joining Our Leaders Together

Junior Conference Details:

9AM to 4PM December 2, 2023, Memorial Composite High School, Sydney Mines, Nova Scotia

Conference Attendee Information

Last Name _____ First Name _____

Phone #: (____) _____

Home Address: _____ City: _____

Postal Code: _____ E-mail: _____

Cell: (____) _____

School: _____ School Phone: (____) _____

Birth Date (yyyy/mm/dd): _____ Gender: ____ Grade____

Medical/Dietary Concerns (including any medications, allergies, dietary restrictions, etc.):

Contact Information for Attendee

Parent/Guardian Name (printed): _____

Parent/Guardian Phone #: (____) _____

Parent/Guardian Signature: _____ Date: _____

(Please recognize that by signing, you give permission for qualified medical personnel to administer emergency assistance.)

Alternate Contact Name: _____ Phone #: _____

Conference Fee

All attendees must pay the mandatory \$25 fee.

Fees can be submitted with this form by cheque, made payable to NSSSA.

OR

Etransfer to nsssafinance@gmail.com

ALL FEES AND FORMS DUE BY **NOVEMBER 17th 2023**

How to submit this form:

Forms can be submitted to your school principal's office.

Online forms can be emailed to:

Kennedy.Vickers@nsssa.ca or kathryn.pedersen@nsssa.ca

You will receive a confirmation email by November 25th if your form has been received

Important Notices

Conference fees CANNOT be paid by cash.

All attendees must bring their health card to the conference.

Incomplete forms will be returned and not accepted.

NO refunds after November 30th, 2023.

NO late forms will be accepted.

If you have any questions, please call or e-mail:

Kennedy Vickers

(902) 322-7134

Kennedy.Vickers@nsssa.ca

Kathryn Pedersen

(902) 574-7764

kathryn.pedersen@nsssa.ca

Following Section to be Completed by the School Only

All schools must have a principal's designate (advisor) with them at the conference. This may be a teacher, parent, or other adult selected by the principal, in a ratio of 1:15 students (minimum).

Please have the advisor sign below.

Advisor's Name (printed): _____ Email: _____

Advisor's Phone #: _____ Advisor's Signature: _____

Date: _____