

# Application for Sacramento Advocacy Workshop

## California Federation of Republican Women

### 1. Applicant Information

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

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_

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

### 2. School Information

High School: \_\_\_\_\_

Grade: \_\_\_\_\_

Counselor and/or Advisor's Name: \_\_\_\_\_

### 3. Student's Political Interests (Briefly state your political interest or involvement):

\_\_\_\_\_

\_\_\_\_\_

### 4. Please list the names of your State Senator & Assemblyperson:

\_\_\_\_\_

### 5. What are your educational goals? \_\_\_\_\_

\_\_\_\_\_

### 6. What are your career goals? \_\_\_\_\_

\_\_\_\_\_

### 7. List school honors, offices held, achievements: \_\_\_\_\_

\_\_\_\_\_

### 8. Other Activities (include volunteerism, work experience, & community involvement):

\_\_\_\_\_

\_\_\_\_\_

### 9. Sponsoring Republican Women Federated Club : \_\_\_\_\_

#### Name of School Sponsor (A sponsor can be a Teacher, Counselor or Principal):

Name & Title: \_\_\_\_\_

Signature of School Sponsor: \_\_\_\_\_

# CFRW Sacramento Youth Advocacy Program Orange County Clubs Student Dinner and Fun Educational Event –

Hopefully all of you have been searching for the perfect students to sponsor to go to the CFRW's Youth Advocacy Program. Here are the Southern Division forms and details to get things finalized.

- All students will be staying at the Hyatt this year with a chaperone in each room. Please call to find out the room rate for CFRW conference attendees. Hyatt Regency Sacramento, 1209 L Street, Sacramento, California, 95814 Tel: **916 443 1234**
- It is recommended that the Hotel and airline reservations be made as early as possible by each chaperone that is traveling with the student(s) to get the guaranteed hotel room rate and the lowest possible airfares.
- Airline reservations should be made for Sacramento for **arrival no later than 1:00 on Monday, April 19<sup>st</sup> and departure after 5pm on Tuesday, April 20<sup>nd</sup>**.
- Appointments with legislators, capital tours, etc may be made by each chaperone as your schedules permit on Monday afternoon or Tuesday after the CFRW workshop is complete.
- Southern Division has reserved a conference room at the Sacramento Hyatt @ 6:00 for students to share dinner and participate afterwards in a fun, educational and unique activity with key legislators. **This is a not-to-be missed event for the students!**

Please submit the following, for each student, to Orange County Advocacy Chair Paula Bagby

1. **Application for Sacramento Advocacy Workshop** (attached)
2. **Student Registration & Participation – Medical Consent Form** (attached)
3. **Check for Monday Evening Dinner @ \_\_\_\_\_ X \$15.00 = \$\_\_\_\_\_**

Students only please. **Make Check payable to CFRW Southern Division**

Orange County Advocacy Chair: Paula Bagby  
15 Summerside Trabucco Canyon, Ca. 92679  
Phone 949-713-6200 Email ~ [Paula@Bagby.net](mailto:Paula@Bagby.net)

*Note: CFRW Advocacy Workshop Tuesday Program at the Hyatt has separate registration forms and payment forms – please be sure you complete and send as noted on the CFRW forms. Watch for CFRW Registration forms to come separately!*

**CFRW Southern Division Sacramento Advocacy Trip**  
**April 19<sup>th</sup>- 20<sup>th</sup> 2010**  
**Student Registration & Participation – Medical Consent**

Fill out form (PLEASE PRINT). Please return this original to County Advocacy Chair and a copy to Chaperone.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F  
 Grade in School: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Medical Consent and Permission:**

Emergency Phone contacts: DAY- NAME \_\_\_\_\_ Phone\_(\_\_\_\_) \_\_\_\_\_  
 NIGHT- NAME \_\_\_\_\_ Phone\_(\_\_\_\_) \_\_\_\_\_  
 Health Problems or Handicaps (for example :asthma, epilepsy, sleepwalking, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Drug allergies or other allergic reactions: \_\_\_\_\_  
 Regular Medication: \_\_\_\_\_  
 Activity Restrictions: \_\_\_\_\_  
 Insurance Company, including policy number: \_\_\_\_\_

I give my permission for my child to attend the California Federation of Republican Women-Southern Division Sacramento Advocacy Program, April 19-20, 2010 and that I and the student agree that he/she is committed to engage, participate and co-operate in all activities related to this CFRW Southern Division Advocacy Program.

I understand my personal health insurance will provide coverage for any necessary medical aid for my child during the course of the above event, including, but not limited to: Any and all transportation, scheduled meetings, and planned daily events. I also understand that in the event my child must be sent home due to disciplinary or other unanticipated problems that I/we will assume any and all additional transportation and incidental costs. **IN CASE OF MEDICAL EMERGENCY OR MEDICAL NEED**, I hereby give permission to medical personnel selected by any Chaperone, or their agent, to provide such care or treatment, including, but not limited to: Hospitalization, medication, injection, x-ray, anesthesia or emergency surgery for my child (or the minor) as named above. I expressly hold any and all chaperones, including the California Federation of Republican Women, their agents, officers or representatives, harmless from any act, error, or omission relating to the above, including any accident, injury, illness, or death during the course and scope of the CFRW Sacramento Advocacy trip.

Parent's / Guardian's FULL Name and Signature:

\_\_\_\_\_ *Please Print* \_\_\_\_\_ *Signature*

Date: \_\_\_\_\_

Student's Signature \_\_\_\_\_

Federated Club/County Federation Sponsor \_\_\_\_\_

Name of Chaperone \_\_\_\_\_

Return Completed form to County Advocacy Chairperson and one copy to Chaperone