

District: Alamo Bluebonnet Guadalupe Hill Revaldina River

Chapter Name:

School Mailing Address:

ADVISORS ARE TO COMPLETE THIS FORM, ONE PER CHAPTER.

Area 7 FFA Officer Applicants (Camp fees are paid by Area 7 if elected and will need to be in attendance on 6/13 the day prior to camp start date):

1. _____ If this student is NOT elected, do they still wish to attend? Yes No
If this student is NOT elected, do they still wish to attend? Yes No

Elected District Officer(s) (camp fees may be paid by your district):

1. _____
2. _____

Chapter Officers or Members (Please rank your students in order of most needed to attend- Area and District Officers from your Chapter will be part of the total count for your chapter)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Advisor Information for Emergency Contact

Rank	Name	School Phone	Cell Phone	Other Phone
1				
2				
3				

FFA Advisors wishing to attend camp and serve as a volunteer please leave your name below and submit the adult medical liability form and you will be contacted if selected to help with ALC. **Please note that if you are the advisor to an Area Officer it is a requirement for you to chaperone at the ALC, please leave your information below so that the count for attendance will be accurate.**

Name: _____ Gender: _____ T-Shirt Size: _____

Name: _____ Gender: _____ T-Shirt Size: _____