



**NATIONAL SIGMA BETA CLUB FOUNDATION, INC.
 2013 NATIONAL SIGMA BETA CLUB
 LEADERSHIP CONFERENCE
 JULY 10TH – 14TH, 2013
 TEMPLE UNIVERSITY
 PHILADELPHIA, PA**

**CONFERENCE REGISTRATION FORM – SBC MEMBER
 PLEASE PRINT OR TYPE**

Name _____

Parent's/Guardian's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____ Alternate Phone Number: _____

Chapter Name: _____

Chapter Coordinator: _____

Chapter Address: _____

Phone Number: _____ Alternate Phone Number: _____

REGISTRATION TYPE:
 Check all that applies below

___ S BC Member

___ SBCChaperon

T-Shirt Size: Adult: Small () Medium () Large () X-Large () XX-Large () Other _____
 Children: Small () Medium () Large () Other: _____

	<u>Registration Fees:</u>	
Advance	January 31, 2013 -April 30, 2013	\$300.00
Late	May 1, 2013- June 15, 2013	\$350.00

THERE WILL BE N0 ONSITE REGISTRATION - MAILING MUST BE POSTMARKED BY JUNE 15, 2013.

Payments: All payment must be mailed to: **Bro. Melvin Kaufman attn: 2013 National SBC Leadership Conference • Post Office Box 37331 • Houston, TX 77237**

Method: All payments can be made via check, money order or certified check to **National Sigma Beta Club Foundation**
Refunds: Requests for refunds shall be postmarked or e-mailed to sigmabetaclubfoundation@hotmail.com by 06/15/13.
 If you have any questions/concerns, please contact Bro. Melvin Kaufman at sigmabetaclubfounation@hotmail.com



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**CONFERENCE REGISTRATION FORM – SBC COORDINATORS/ADVISORS
 PLEASE PRINT OR TYPE**

Name _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____
 Phone Number: _____ Alternate Phone Number: _____
 Chapter Name: _____ Region _____
 Chapter Coordinator: _____
 Chapter Address: _____
 Phone Number: _____ Alternate Phone Number: _____ Membership
 Number: _____

REGISTRATION TYPE:

Check all that applies below

___ *SBC Chapter Coordinator* ___ *SBC State Coordinator (State: _____)*

___ *Foundation Board Member* ___ *SBC Regional Coordinator (Region: _____)*

T-Shirt Size: Small (___) Medium (___) Large (___) X-Large (___) XX-Large (___) Other: ___

Registration Fees:

Advance	January 31, 2013 – April 30, 2013	\$350.00
Late	May 1, 2013 – June 15, 2013	\$400.00

THERE WILL BE **NO** BE ONSITE REGISTRATION - MAILING **MUST BE** POSTMARKED BY JUNE 15, 2013.

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Parental/Guardian Consent Form

Please print or type application

Date:

Parent/Guardian's Name: _____

Participant's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: home _____ cell _____

"I/WE, _____ give permission for our son,

_____ to participate in the 2013 Sigma Beta Club Leadership

Conference which will be held at Temple University in Philadelphia, Pennsylvania, July 10th -14th, 2013. The purpose of this form is to authorize my son's participation with the Sigma Beta Club, National Sigma Beta Club Foundation, Inc. during the 2013 Leadership Conference, inclusive of such tours or field trips, inclusive of the Child Obesity Initiative in concert with the 2013 SBC Leadership Conference.

In addition, I/we grant permission to _____, chapter SBC Coordinator/Advisor to act as my son's chaperon/guardian while in attendance at the 2013 Leadership Conference, inclusive of his participation in tours or field trips and the Child Obesity Initiative held during the Conference. I hereby release and waive, and further agree to indemnify, hold harmless with the National Sigma Beta Club Foundation, Inc. and Phi Beta Sigma Fraternity, Inc., its Officers and Membership, Agents or Representatives, as well as SBC Coordinators/Advisors, from and against, any and all claims which I/we, any other parent or guardian, any sibling, any

other person or any organization may have or claim to have, known or unknown, directly or indirectly, from any loss, damage, or injury arising out of, during or in connection with the participant/child participation with the 2013 Sigma Beta Club Leadership Conference, any trip associated with the 2013 Sigma Beta Club Leadership Conference, and/or the rendering of emergency medical procedures or treatment which may be provided to my son..”

My/Our child is covered under the following Health Insurance Company:

Insurance company: _____

Name of Policy Holder: _____ Policy number: _____

Effective from _____ to _____

Known medication he is using: (List All) _____

Known Allergies: _____

Doctor/Physician's Name: _____

Contact Number(s): _____

Contact Fax Number: _____

Parent/Guardian Signature(s):

Print: _____

Sign: _____ Date: _____

Print: _____

Sign: _____ Date: _____

Subscribed and Sworn before me this ____ DAY OF _____, 20__.

Notary Public, State of _____

My Commission Expires _____

NOTARY PUBLIC



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Emergency Contact Information

Please print or type application: _____

Date: _____

Participant Name: _____

First

MI

Last

In Case of Emergency, please contact:

Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: home: _____

work: _____

cell: _____

Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: home: _____

work: _____

cell: _____

Please mail complete form and attachments to:
Attn: Bro. Melvin Kaufman, Jr.
2013 National SBC Leadership Conference
Post Office Box 37331
Houston, TX 77237