



# Presidential Leadership Conference

Missouri Cherry Blossom Festival

Marshfield, MO

**April 27<sup>th</sup> & 28<sup>th</sup>**

Last Name:

First Name:

Grade:

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E-Mail:

Contact Number:

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Address:

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Date of Birth:

School presently attending:

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Parent Names:

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Parent E-Mail:

Parent Contact Number:

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- 1) Please list any school, volunteer, religious, social or athletic activities in which you have participated. Explain what role you play in these activities:

2) What leadership traits do you hope to improve during this conference?

3) Why do you want to participate in this conference?

I understand my attendance is required at the conference in order to receive a certificate of completion. My behavior and participation will always reflect positively on this conference and its sponsors. This is a drug and alcohol free conference. I understand I am a representative of all youth and I will at all times represent them honorably. All above answers are truthful to the best of my knowledge. I agree to all above statements.

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Signature of Student

Date

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Signature of Parent (if under 18)

Date