

**Spring Greek Leadership Retreat
March 9-11, 2007**

**PARTIPANT REGISTRATION FORM
Due to the CSL by February 9th, 2007**

Please fill in the field below, sign, and return to:
Center for Student Leadership
Campus Box 66, Lower Level RSC, Room 008

NAME _____
Last First MI

CHAPTER / COUNCIL REPRESENTING _____

OFFICE / POSITION _____

LOCAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

MyWSU ID Number _____

In Case of Emergency, Contact: _____

PHONE _____ RELATIONSHIP _____

PLEASE LIST ANY MEDICAL CONDITIONS, SPECIAL DIETARY NEEDS (Vegetarian, diabetic, etc), OR OTHER PERTINENT HEALTH INFORMATION BELOW:

By signing this registration form, I understand that I am responsible for two things as a Retreat Participant: full involvement and interaction during the Retreat weekend, and a dedication to teaching my chapter/council about what I have learned. I will keep an open mind, be honest with myself and others, and will represent my chapter/council and WSU appropriately.

SIGNATURE _____ DATE _____