

SCHOOL or STATE STUDENT COUNCIL ASSOCIATION Delegation Worksheet

	Name (First & Last)	E-Mail Address (please make sure this is correct!)	Mobile Phone Number	Primary Area of Responsibility (see next page)
1 YOU		_____ @_____	(____) ____ - ____	
2		_____ @_____	(____) ____ - ____	
3		_____ @_____	(____) ____ - ____	
4		_____ @_____	(____) ____ - ____	
5		_____ @_____	(____) ____ - ____	
6		_____ @_____	(____) ____ - ____	
7		_____ @_____	(____) ____ - ____	
8		_____ @_____	(____) ____ - ____	

Please complete this worksheet BEFORE registering your delegation online and have it with you when registering!

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PRIMARY AREA OF RESPONSIBILITY

You will be asked to select the primary area of responsibility for each member of your delegation.

The choices on the form are listed below. For each member of your delegation, enter the choice which most closely represents his or her primary area of responsibility on this worksheet. On the registration form, you will be selecting this from a drop-down menu.

- Administrator
- Consultant
- Leadership Class Teacher
- Retired
- Speaker
- Student Activities Coordinator/Director
- Student Council Advisor
- Honor Society (NHS/NJHS) Advisor
- Other Class/Club/Activity Advisor
- Workshop Staff Director
- Workshop Staff Member
- Other

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