

CHSAA Fall Student Leadership
Conference Host Application For
the 2019 School Year

A. General Information

1. School Name: _____

2. School Address: _____

3. School Telephone Number: () _____

4. School FAX: () _____

5. CHSAA Classification: 1A 2A 3A 4A 5A

6. Number of Students enrolled: _____

7. Student Council Advisor's Name: _____

8. Advisor's E-Mail: school: _____
home: _____

9. Number of Years as Student Council Advisor: _____

10. Number of Colorado State Conferences attended by Advisor(s) _____

School/Advisor's experience in hosting conferences and the size of each
(please list):

Conference Name/Type	# Attendees	Conference Dates

5. Cafeteria

Explain your plan for serving lunches. _____

6. Audio Visual resources. Will the following be available?

- a) Computer Projection Unit yes no
- b) Overhead Projectors yes no
- c) Screens yes no
- d) ½" VHS VCR Unit yes no
- e) Portable Sound System yes no
- f) Large Screen Video Projector yes no
- g) Tape/CD Player yes no

E. Hotel

Please list, in order of preference, three hotels (see – Desired Site Characteristics) that you would like to recommend as the conference hotel

DO NOT CONTACT HOTELS. A CHSAA representative will do so.

1. Hotel Name _____

Address _____

Phone Number(s) _____

Mileage to School/Drive time _____

Reason for your recommendation - _____

2. Hotel Name _____

Address _____

Phone Number(s) _____

Mileage to school/Drive time _____

Reason for your recommendation - _____

