

BE A SUMMIT FACILITATOR!!

MADD is looking for some exceptional youth and adults to help Summit delegates learn prevention strategies, create community action plans, practice Youth In Action projects and voice their ideas to policy makers to address the underage drinking problem. Volunteer today by submitting the enclosed facilitator application!

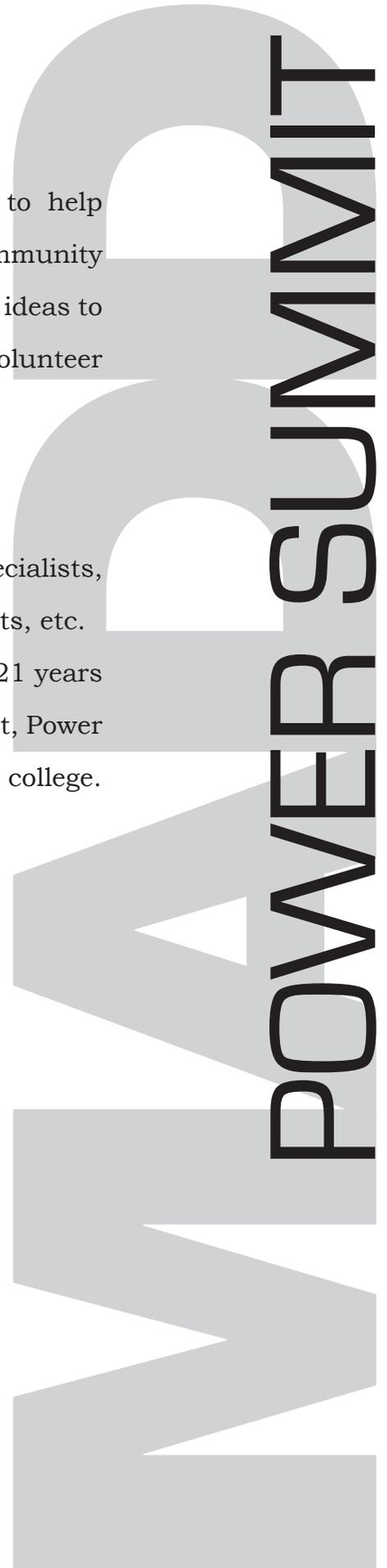
WHO CAN BE A FACILITATOR?

Adults - Energetic, reliable and concerned prevention specialists, educators, nurses, community activists, police officers, parents, etc.

Youth - Energetic, reliable and mature youth between 17 and 21 years old. You must have attended a previous MADD Youth Summit, Power Camp, conducted Youth In Action activities OR be enrolled in college.

FACILITATOR EXPECTATIONS

- Attend the two-day facilitator training on June 22-25, 2007 at Clark University.
- Facilitate numerous small group discussions and activities during the Summit.
- Remain on campus throughout the entire Power Summit, a total of 6 days.
- Facilitators are volunteers. The \$100 registration fee is waived. You will receive free lodging, meals, a Power Summit t-shirt and a lifetime of memories.



MADD Power Summit

Facilitator Registration Form

Funded in part by The Executive Office of Public Safety Governor's Highway Safety Bureau
and the Massachusetts Department of Public Health.

Instructions -

Please use one form per facilitator and fill it out completely. Please **PRINT** clearly! Short answer statements can be completed on this form; if more room is needed a separate page should be. You may photocopy this form if extras are needed. Please make a copy of the completed form(s) for your records.

Facilitator's **MUST attend the entire staff training** prior to the MADD Massachusetts Power Summit opening. If you are unable to commit to the entire training they will not be asked to join the Summit staff. Applications should be mailed directly to **MADD Massachusetts, Attn: Power Summit Facilitator Application, 18 Tremont Street, Boston, MA 02108**. Faxed applications (617-227-2704) are acceptable but should also be sent via mail to the MADD Massachusetts office in Boston (address above). Hard copies of your registration form with original signatures must be on file with MADD.

Clark University, Worcester, MA
June 26 – 28, 2007

Name of school or organization: _____

Name: _____ Grade (if applicable): _____ Age: _____ Sex: _____
Include first and last name, age and sex for housing purposes. Facilitators over 21 years of age will be housed in single rooms; all others will be in double rooms.

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone (____) _____ Cell Phone: (____) _____

Email address: _____ Birth Date: _____
Month/ Day/Year

Shirt Size (circle one): Small Medium Large X-Large XX-Large

Short Answer Questions – Please answer questions on this form. If more space is needed, attach your responses to this registration form with your full name and school or organization affiliation on the top of the page.

Why would you like to attend the 2006 MADD Massachusetts Power Summit?

What experience do you have working with MADD, the issue of underage drinking or group facilitation?

What strengths do you possess that would enable you to serve as a leader in the prevention of underage drinking?

What are your beliefs concerning underage drinking and your thoughts on how to prevent it in your community?

Participant's signature below releases MADD to use photographs and/or film that may be taken during the MADD Massachusetts Power Summit activities.

Participant's Signature _____ Date: _____

Questions should be directed to MADD Massachusetts at 800-633-MADD or info@maddmass.org

MADD Power Summit

Team Registration Form

Funded in part by The Executive Office of Public Safety Governor's Highway Safety Bureau
and the Massachusetts Department of Public Health.

Instructions -

Please **PRINT** clearly! You may photocopy this form if extras are needed. Please make a copy of the completed form(s) for your records.

Before faxing and mailing, include registration forms from yourself and the youth participants you will be advising. Adult advisors are responsible for faxing and mailing all registration forms, front and back. **DO NOT SEND MONEY NOW.** An invoice and confirmation material will follow after receipt of the teams' registration materials.

Clark University, Worcester, MA
June 26 – 28, 2007

Team (name of school or organization): _____
(This is how your group will be identified throughout the Summit. This should be the same name on your youths' registration forms)

Name of adult advisor: _____

Names of youth delegates:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Please see other side. Front and back must be completed to be accepted.

MADD Power Summit

Adult Advisor Registration Form

Funded in part by The Executive Office of Public Safety Governor's Highway Safety Bureau
and the Massachusetts Department of Public Health.

Instructions -

Please use one form per registrant and fill it out completely. Please **PRINT** clearly! Short answer statements can be completed on this form; if more room is needed a separate page should be attached to the appropriate advisors' registration form. You may photocopy this form if extras are needed. Please make a copy of the completed form(s) for your records.

Before faxing and mailing, include registration forms from the youth participants you will be advising. Adult advisors are responsible for faxing and mailing all registration forms, front and back. **DO NOT SEND MONEY NOW.** An invoice and confirmation material will follow after receipt of the teams' registration materials.

Clark University, Worcester, MA
June 26-28, 2007

Team (name of school or organization): _____
(This is how your group will be identified throughout the Summit. This should be the same name on your youths' registration forms)

Name: _____ Age: _____ Sex: _____
(You must specify first and last name, age and sex for housing purposes)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email address: _____ Birth Date: _____
Month/ Day/ Year

Shirt Size (circle one): Small Medium Large X-Large XX-Large

Emergency Contact: _____

Day Phone: (____) _____ Evening Phone (____) _____

\$100 Registration Fee (per participant – youth participant or adult advisor)
May 18, 2007 - Registration Deadline

Participant's signature below releases MADD to use photographs and/or film that may be taken during the Power Summit activities.

Participant Signature: _____ Date: _____

Please see other side. Front and back must be completed to be accepted.

MADD Power Summit

Adult Advisor Registration Form

Short Answer Questions – Please answer questions on this form. If more space is needed, attach your responses to this registration form with your full name and school or organization affiliation on the top of the page.

Why would you like to attend the 2007 MADD Massachusetts Power Summit?

What experience do you have working with MADD, the issue of underage drinking and youth leadership?

What strengths do you possess that would enable you to serve as a leader in the prevention of underage drinking?

What are your beliefs concerning underage drinking and your thoughts on how to prevent it in your community?

Adult Advisor Medical and Health Information -

This medical release form MUST be filled out completely and signed by all advisors. Please fill out the information below to authorize medical treatment (if needed while at the Summit). Please note any special medical information and dietary needs, including allergies to medications and dietary restrictions.

I, _____ will attend the 2007 MADD Massachusetts Power Summit at Clark University on June 26-28, 2007. I give MADD Massachusetts' representatives permission to authorize medical treatment, if needed, while attending the Summit. I release all employees and associates of MADD from any liability for accidents during the event.

Please list any special dietary needs or restrictions (**including vegetarian preference**) and food or medicine allergies below:

Health Insurance Carrier: _____

Policy Holder's Name: _____

Policy Number: _____

If medical treatment is necessary, how would you like to handle the billing and/or payment?
(MADD is not responsible for any medical expenses incurred.)

Participant's Signature: _____ Date: _____

Questions should be directed to MADD Massachusetts at 800-633-MADD or info@maddmass.org

Please see other side. Front and back must be completed to be accepted.

MADD Power Summit

Youth Registration Form

Funded in part by The Executive Office of Public Safety Governor's Highway Safety Bureau and the Massachusetts Department of Public Health.

Instructions -

Please use one form per registrant and fill it out completely. Please **PRINT** clearly! Short answer statements can be completed on this form; if more room is needed a separate page should be attached to the appropriate youth registration form. You may photocopy this form if extras are needed. Please make a copy of the completed form(s) for your records.

Be sure to give completed registration forms to the adult advisor. **Completed forms MUST be submitted by the team's adult advisor.** Adult advisors are responsible for faxing and mailing all registration forms, front and back. **DO NOT SEND MONEY NOW.** Your adult advisor will receive your confirmation and one invoice for the entire team will be sent to your school or organization after your registrations have been received.

Clark University, Worcester, MA
June 26-28, 2007

Team (name of school or organization): _____
(This is how your group will be identified throughout the Summit. This should be the same name on your adult advisor's registration form)

Name: _____ Grade: _____ Age: _____ Sex: _____
(You must specify first and last name, age and sex for housing purposes)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email address: _____ Birth Date: _____
Month/ Day/ Year

Shirt Size (circle one): Small Medium Large X-Large XX-Large

Parent/Guardian Name: _____

Parent/Guardian Day Phone: (____) _____ Evening Phone: (____) _____

Parent/Guardian Name: _____

Parent/Guardian Day Phone: (____) _____ Evening Phone: (____) _____

Two Emergency Contacts (other than Parent/Guardian):

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Adult Advisor(s) Attending Camp: (There **MUST** be an adult advisor's name provided on this registration form and this registration form **MUST** be attached to the adult advisor's registration form)

1. _____ 2. _____

Participant's signature below releases MADD to use photographs and/or film that may be taken during Power Summit activities.

Participant Signature: _____ Date: _____

MADD Power Summit

Youth Registration Form

Please see other side. Front and back must be completed to be accepted.

Short Answer Questions – Please answer questions on this form. If more space is needed, attach your responses to your registration form with your full name and school or community organization affiliation on the top of the page.

Why would you like to attend the 2007 MADD Massachusetts Power Summit?

What strengths do you possess that would enable you to serve as a leader in the prevention of underage drinking?

What are your beliefs concerning underage drinking and your thoughts on how to prevent it in your community?

Youth Participant Medical and Health Information -

This medical release form MUST be filled out completely and signed by a parent/guardian. Please fill in the adult advisors name to authorize medical treatment (if needed while at the Summit). Please note any special medical information, including allergies to medications and food and dietary restrictions/preferences.

My child, _____ will attend the 2007 MADD Massachusetts Power Summit at Clark University on June 26-28, 2007. I will give _____ (advisor) permission to authorize medical treatment, if needed, while my child is attending the Summit. I release all employees and associates of MADD from any liability for accidents during the conference.

Please list any special dietary needs or restrictions (**including vegetarian preference**) and food or medicine allergies below:

Health Insurance Carrier: _____

Policy Holder's Name: _____

Policy Number: _____

If medical treatment is necessary, how would you like to handle the billing and/or payment?
(MADD is not responsible for any medical expenses incurred.)

Parent/Guardian Signature: _____ Date: _____

**\$100 Registration Fee (per participant – youth or adult advisor)
May 18, 2007 - Registration Deadline**

Questions should be directed to MADD Massachusetts at 800-633-MADD or info@maddmass.org.

Please see other side. Front and back must be completed to be accepted.