ARKANSAS COMMUNICATION & THEATRE ARTS ASSOCIATION

**ACTAA 2017 STUDENT CONGRESS ENTRY FORM**

**SCHOOL INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of School** |  | | | | |
|  | | | | | |
| **School Address** |  | | | | |
|  | | | | | |
| **Sponsor(s)’ Names** | *List all persons for required identification/security pass badges.* | | | | |
|  | | | | | |
| **School Phone** |  | **Cell Phone** |  | **Home Phone** |  |

**DELEGATES’ INFORMATION:**

(*Please designate bills and their authors (w/ ‘A’) & co-authors (w/ ‘CO’) in the Bills column;*

*both a bill’s author and co-author must be assigned to the same house.*)

*If a High School is submitting two bills, make sure that each bill is assigned to different houses.*

**House I** (*Colleges, ignore this designation*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | ***Name of Delegate*** | ***Office Seeking*** | ***Bills*** |
| Delegate A | Democrat |  |  |  |
| Delegate B | Republican |  |  |  |
| Delegate C | Democrat |  |  |  |

**House II** (*Colleges, ignore this designation*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Delegate D | Republican |  |  |  |
| Delegate E | Democrat |  |  |  |
| Delegate F | Republican |  |  |  |

**Additional College Delegates** (*Does not apply to high schools*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Delegate G | Democrat |  |  |  |
| Delegate H | Republican |  |  |  |

**High School Pages** (*Colleges, ignore this designation*)

|  |  |  |
| --- | --- | --- |
| Page X |  | *\*Most Responsible* |
| Page Y |  |  |

**Committee Recommendations**

|  |  |
| --- | --- |
| Committee Chairperson |  |
| Committee Clerk |  |

**JUDGES’ INFORMATION:** One Qualified judge must be available for at least two rounds. (no guarantees)

|  |  |
| --- | --- |
| Sunday Preference | *name of judge* |
| Monday Preference | *name of judge* |
| Tuesday Preference | *name of judge* |

**OBSERVERS:** *(Required for security badges)*

|  |  |
| --- | --- |
| 1 | *name of observer* |
| 2 | *name of observer* |
| 3 | *name of observer* |

E-Mail this completed entry form and one clear copy of each bill to leigh.walters@lrsd.organd [martene@gmail.com](mailto:martene@gmail.com).

**How many hotel rooms will your school reserve?** \_\_\_\_

**Mail your payment or provide a PO number.**

YOU MUST MEET ALL DEADLINES.

**ENTRY DUE DATE**: **SEPTEMBER 25, 2017.**

Entry Fee: $ 125/150 \_\_\_\_\_\_\_

ACTAA Dues: $ 50 \_\_\_\_\_\_\_

(Omit if already paid)

**TOTAL OWED** \_\_\_\_\_\_\_

**TOTAL PAID** \_\_\_\_\_\_\_

PO#/Ck# \_\_\_\_\_\_\_ Receipt # \_\_\_\_\_\_\_