



**STATE  
LEADERSHIP  
SEMINARS**

**WHEN\*:** 2 - 4 days in April - June  
**FORMAT\*:** Varies by location  
**COST\*:** \$225 - \$450



\* Seminar dates/locations/cost can be found on our **website** at the start of 2022.

**CONGRATULATIONS!** You've been selected to represent your school as the primary, additional or alternate student at the next HOBY State Leadership Seminar.

Primary Student    Additional Student    Alternate Student

Full Name: \_\_\_\_\_

Preferred first name for name tag: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

T-shirt size:  S    M    L    XL    XXL    XXXL

Ethnicity:  African American    Asian    Caucasian    Latino    Middle Eastern    Multiracial    Pacific Islander  
 Native American    Other    Prefer not to disclose

I understand I must be able to attend the seminar for the entire weekend, including overnight if the seminar is in-person.

School: \_\_\_\_\_ Is your School title?  Yes    No

Address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_  Mother    Father    Guardian

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Email: \_\_\_\_\_

Job Title / Employer: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_  Mother    Father    Guardian

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Email: \_\_\_\_\_

Job Title / Employer: \_\_\_\_\_

I would like to opt out of receiving outstanding offers from HOBY-approved scholarships, affiliates, partners, and companies.

\_\_\_\_\_  
 I as the Guardian/Parent give permission to disclose the above information to HOBY.

**Registration fee is not refundable.**