

SUBSTITUTION FORM

2020 NATIONAL STUDENT COUNCIL CONFERENCE EAGLECREST HIGH SCHOOL | JUNE 22-24, 2020 | CENTENNIAL, CO



This form must be completed in its entirety. Please scan and email to info@natstucoconference.org up to five days prior to the conference. If there are less than five days before the conference, bring the form with you to be processed.

Name of Original Registrant: (as it appeared on the original registration form)

Substitutions can only be for the same type of registrant, i.e. adviser for an adviser, student for a student, etc.

Check one:									
Adviser	Student			State Delegation			Individual		
Last Name:	First Name:								
School Name:			City:			State:			
Substitute Registrant Info	ormation: No	ote: substitute(s)	should be	register	ed online	if databas	se is still a	active.	
	one:								
Adviser: Number of \	er Student:	Grade in Sept. 2020 State			Delegation Individual				
Students: Have you earned the National Student Council Distinguished Leader Award? Yes No									
Last Name:		First Name: First Na		First Nar	nme for Badge:				
Home Phone:	e Phone: Cellphone:			Registrant's Email:					
Level: High School Student Middle Level Student Adviser Disability: Yes No	Gender: Female Male Medical Cond	State President: Yes No	Did your co National Co Yes No				Yes No an? Yes		
List any other dietary need	Allergies:								
T-Shirt size (if sponsor is enlisted): X-Small Small Medium Large X-Large XX-Large School Name: School Affiliation Number:									
School Street Address:	City: State		zip Code:						
Principal's Name (required	Principal's Email Address (required):								
Principal's Emergency Cellp	Conference Adviser's Cellphone Number (required):								
Conference Adviser's Name	Conference Adviser's Email Address (required):								