**2024 STATE CHAMPION TEAM ATTENDANCE CONFIRMATION FORM AND ROOM RESERVATION NUMBERS**

*Return form to* [*Cherylv@nclnet.org*](mailto:Cherylv@nclnet.org)*.* ***DUE TWO WEEKS from date of State LifeSmarts Championship!***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| STATE | |  | | |
| TEAM NAME | |  | | |
| COACH NAME | |  | | |
| ADDRESS | |  | | |
| City/State/Zip | |  | | |
| Date of State Championship | |  | Cell Phone # |  |
| Email | |  | | |
|  | | | | |
| CHECK ALL THAT APPLY: | | | | |
| £ | YES, we will be competing in the 30th National LifeSmarts Championship, April 18-21, 2024. We also understand that we must arrive on time and participate in all required activities as part of the National LifeSmarts Championship. (more information will be provided in coach memo and on required coach zoom)  *(****CONTINUED ON NEXT PAGE)*** | | | |
| £ | ***REQUIRED IF YOU ANSWERED YES TO THE PREVIOUS QUESTION:*** We have reserved our hotel rooms. \_\_\_\_\_\_ (#) of rooms were reserved \_\_\_\_\_\_\_ (DATE). These rooms are reserved under (name of person or school)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Our reservation numbers are as follows:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *CHECK THE ITEMS BELOW IF APPLICABLE* | | | |
| £ | We need help from the LifeSmarts Team regarding our reservations. Please contact me at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| £ | NO, we are unable to accept the State Champion trip to compete in the National LifeSmarts Championship. Please extend the invitation to the second-place team in our state. | | | |
|  | Coach Signature (REQUIRED)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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