

**WTTI
Registration Procedure**

Summary Check List
(As of April 22, 2005)

Place this form ON TOP of your Completed Registration Packet.
Please indicate with a "✓" that you've covered all items listed below. Thank you!

Thank you for attending to all details & respecting deadlines. This makes our job much easier.

- _____ Student Action Group has been selected.
- _____ An Adult Advisor has been selected.
- _____ This Advisor will attend the conference with your students.
- _____ Conference Dates Noted: *November 10-13, 2005* *ARRIVE Thursday, 9:30 am* *DEPART Sunday, 4:30 pm*
- _____ Payment method (Alliance, School, PTO, etc.) and rate (\$375 if received by June 30th. \$385 if received after that date, but on or before October 1st) has been determined and noted on Action Group Cover Sheet.
- _____ If your school is paying for students to attend WTTI, a Purchase Order has been attached to Registration Packet.
- _____ You understand that your Willow Tree tuition bill must be paid in full by the close of the 2005 calendar year. You also understand that earlier payment is greatly appreciated.
- _____ Action Group Cover Sheet is complete and placed on top.
- _____ Adult Participant Registration Form (Advisor) is complete and enclosed.
- _____ Youth Participant Registration Forms have been enclosed, organized alphabetically by last name & checked for signatures, clarity, readability and completeness.
- _____ **The following Agreement Form has been read, initialed, signed and included with your Registration Packet.**
- _____ Packet in its entirety will be mailed to the address below, to be received on or before **June 30, 2005** (to receive a \$10 per person discount).
- _____ Packet in its entirety will be mailed to the address below, to be received on or before **October 1, 2005**.

The Willow Tree, 415 Speedwell Ave., Morris Plains, NJ 07950

Willow Tree & School Agreement Form - Required

- _____ I commit to providing an Action Group Report to Willow Tree three (3) times per year: By January 10, March 10 and May 10.
- _____ I understand that WTTI is a year-round program and will commit to:
1. Providing our youngsters with an **adult advisor** who will work with them throughout the school year, helping them to implement a prevention project of their own design;
 2. Bringing our WTTI youth to the **WTTI Reunion** to be held on Monday, May 15, 2006 from 9 am - 2 pm;
 3. Attending the **advisor get-togethers** on December 1st, February 2nd and April 20th in Morris Plains, NJ.
 4. A serious attempt to involve our students in Willow Tree's other **follow-up activities**.
- School or Community Group: _____
- Principal's Name: _____ Principal's Signature: _____
- Principal's Phone: _____ Prin. Home/cell phone no: _____
- Advisor's Name: _____ Adv. Signature: _____
- Adv. School phone: _____ Adv. Home/cell phone no: _____
- Advisor's e-mail address: _____