



# MINNESOTA FCCLA

## Leadership Conference 2022 San Diego, California

### Important policies:

- The Board of Directors has endorsed the plans for National Conference.
- Delegates from MN FCCLA will represent the state association. The delegates represent the state, not just the local chapters.
- Delegates and chaperones are expected to attend all General Sessions. (and stay until the session is completed even if delayed or running long.)
- The delegates are expected to attend and participate in state meetings.

### Steps:

1. Send to Minnesota FCCLA, PO 131386, Roseville, MN 55113

### FORM A

Minnesota FCCLA Package:

Register with MN FCCLA for MN package by April 28

. All delegates, chaperones, STAR Event participants and Advisors will pay a nonrefundable payment by Early May if you are attending. Late fee after the deadline will add \$25.00.

### FORM B

Memorandum of Understanding agreement between schools and advisors must be signed and sent to the State FCCLA office for delegates to attend without their own advisor. (FORM B).

IMPORTANT! A Memorandum of Understanding agreement between schools and advisors must be signed and sent to the State FCCLA office for delegates to attend without their own advisor.

(FORM B) If a youth delegate is chaperoned by someone other than their advisor- the Memorandum of Understanding Form is needed.

### FORM C

Health Form- Code of Conduct, Health Forms and mail to MN FCCLA by April 28.

### FORM D

Code of Conduct- mail to MN FCCLA by April 28.

### FORM E

Notification of Chapter Plans to MN FCCLA

**May 4**

Registration with National FCCLA May 4 for STAR Event delegates, Later in May for others.

National Conference Registration- On-line with National FCCLA. Delegates will register with National FCCLA for Conference registrations and the various options for the conference. (ON-LINE with [www.fcclainc.org](http://www.fcclainc.org))

Deadline for STAR Event participants is May 4.

STAR Event participants must be entered as a conference participants before entering STAR Events. Late fees are the responsibility of the chapter.

**May 4**

STAR Event National Entry – May 4-On Line with National FCCLA by May 4.

**After you register with national FCCLA, the information about hotels will be shared with you. Hotel rooms** are available in a number of hotels secured by National FCCLA. Chapters will choose their own hotel location. There is not a state delegation hotel. Hotels are available on a first come, first secured basis.

A state meetings will be held at a couple of dates and locations. To be determined.

(State Photo date and time is TBD)

State Meetings of the Minnesota delegation are for information, for state delegation duties and for learning about and representing your state association. These are mandatory.

MN delegation will sign in and out of the meetings. Chapters who have STAR Event, region, JHC, Peer Ed, STAR Event or candidates who are not in attendance will NOT receive their STAR Event results directly. They will be sent to the school with a letter explaining your non-participation in state required meetings.

We have requested these dates and meeting locations for MN FCCLA state meetings.

**For your use:** A sample letter for parents from chapter advisors was included in the State Conference information.- Use this PRIOR to the State Conference.

**DUE April 28 ALL FORMS and MN Package Must be in our hands by April 28**

**MINNESOTA PACKAGE**

**FORM A**

National FCCLA Conference

Check payments included:

Amount due April 28 -Non refundable

**I. PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Home

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

(Town), MN \_\_\_\_\_ (Zipcode) \_\_\_\_\_

Home phone:(\_\_\_\_) \_\_\_\_\_ Cell phone:(\_\_\_\_) \_\_\_\_\_

Check one: \_\_\_ Advisor \_\_\_ Other Adult \_\_\_ Member \_\_\_ Other youth

Grade of member or youth participant: \_\_\_\_\_

T shirt size: \_\_\_ S; \_\_\_ M; \_\_\_ L; \_\_\_ XL; \_\_\_ XXL; \_\_\_ XXXL; \_\_\_

**(Students only) RED JACKET SIZE:** \_\_\_\_\_

Backpacks are not a part of this 2022 State package. You can order them form National FCCLA Store if desired.

**II. If Student: Please fill in this information**

Parent: \_\_\_\_\_

Work phone:(\_\_\_\_) \_\_\_\_\_ Cell phone:(\_\_\_\_) \_\_\_\_\_

Parent 2: \_\_\_\_\_

Work phone:(\_\_\_\_) \_\_\_\_\_ Cell phone:(\_\_\_\_) \_\_\_\_\_

*State FCCLA will not locate roommates for you.*

**DEADLINE:** \_\_\_\_\_

**MN FCCLA** Package: pins, a conference logo t shirt, insurance, MN per person fee, Management fee.

As determined by the Board of Directors policies for National FCCLA Conference.

Check one:

___ \$130.00	Persons in an individual STAR Entry-INDIVIDUAL IN STAR EVENT	\$130.00 _____
___ \$110.00	Persons in a two person team event-STAR Events-TWO PEOPLE IN STAR EVENT	\$110.00 _____
___ \$100.00	Persons in a three person STAR Event-THREE PEOPLE IN STAR EVENT	\$100.00 _____
___ \$ 90.00	Persons in a team event TEAM EVENT OF MORE THAN 3	\$90.00 _____
___ \$85.00	Persons with no STAR Entry (Adults, Advisers and non STAR Event persons) NOT IN STAR EVENT	\$85.00 _____

Sent to: MN FCCLA PO 131386, Roseville MN 55113

After April 28- Add \$25.00 late fee

**Mail to MN FCCLA, PO 131386, Roseville, MN 55113**

**Make checks payable to MN FCCLA.**

# Delegate Memorandum of Understanding

## PERFORMANCE CODE FOR FCCLA NATIONAL CONFERENCE

DUE: \_\_\_\_\_

FORM B

Mail to MN FCCLA, PO 131386, Roseville, MN 55113

Name of person attending. School: \_\_\_\_\_

- I realize that I represent MN FCCLA and what I do and say should leave a favorable impression. I will refrain from using alcohol, drugs or tobacco products.
- I will wear the dress code for the conference. I will be neat in dress and personal appearance and wear official officer dress code or organizational clothing when representing FCCLA.
- I realize that cell phone use, text messaging and communicating to friends and family not at the conference will be limited to non-conference times. (Early morning or late night) I will inform friends and family that I will have limited times to communicate unless it is an emergency. The focus of my time will be to network, to represent FCCLA and to be focusing on the conference that I am attending.
- I will keep all appointments, network with persons at the conference, be prompt and prepared.
- I will be knowledgeable about the organization and its programs and the events of MN FCCLA.
- I will maintain a positive attitude about the other FCCLA representatives and MN FCCLA. I will not speak negatively of another officer, member or advisor.
- I will abide by the NLM Conference rules, MN delegation rules and hotel rules while attending the conference.

I agree to the above policies:

Member signature \_\_\_\_\_ Date: \_\_\_\_\_

Chaperone Signature: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

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### Authorization Form

Please return with NLM registration to

Wendy Ambrose, MN FCCLA, PO 131386, Roseville MN 55113 Phone: 651-330-2950

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

Date of meeting: \_\_\_\_\_ Location: \_\_\_\_\_

Mode of transportation to/ from home: \_\_\_\_\_

Person accompanying officer: \_\_\_\_\_

We, the undersigned, understand that the above named individual will be in attendance at this meeting. We give our approval for this individual's participation. We agree not to hold Minnesota FCCLA or any of its agents liable for any accident, or injury to this individual during participation in state authorized FCCLA activities and necessary travel to and from sites. Please submit this form to the state FCCLA office prior to the event. We do verify that we (officer, parent/guardian has read and understand the policies.

Signatures:

FCCLA member : \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Health Form NAT'L CONFERENCE FORM C

Directions: DUE \_\_\_\_\_ Please complete and sign this form and return a copy to your advisor and a copy to the State FCCLA Office with registration. Send to MN FCCLA, PO 131386, Roseville, MN 55113

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Does participant have any health problems?  
e. g. Diabetes, pregnancy, seizures, allergies  
\_\_\_ Yes \_\_\_ No

City, State, Zip: \_\_\_\_\_  
E mail address: \_\_\_\_\_  
Phone:(Home) \_\_\_\_\_  
Phone Work \_\_\_\_\_  
Phone Cell: \_\_\_\_\_  
School name: \_\_\_\_\_  
Physician: \_\_\_\_\_

If yes- please describe any special care that is needed.

\*\*\*\*\*

Family Contact: \_\_\_\_\_  
Family member address: \_\_\_\_\_

Physician phone number: \_\_\_\_\_  
Is student presently under medical care or taking a prescribed medication? \_\_\_ Yes \_\_\_ No  
If yes, describe the medication/s:

City/ State/ Zip: \_\_\_\_\_  
Phone: Home \_\_\_\_\_  
Work: \_\_\_\_\_

\*\*\*\*\*

Is person allergic to any medication?  
\_\_\_ Yes \_\_\_ No If yes -list medication/s.

Medical Insurance:  
Name of company: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Insured ID Number: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_ hereby  
(name of parent /guardian) (relationship to student)  
authorize in advance any necessary medical treatment as required in the judgment of the attending physician while the student is absent from home and attending an FCCLA event.

Even though your son/ daughter may be 18 years of age, he/she will be subject to the rules of the conference (according to the age of majority, distributed by the Minnesota Dept of Education and the Attorney Generals' office) he/ she will not be allowed to possess or drink alcoholic beverages, possess or use non prescription drugs or smoke/chew tobacco.

1. Will you support your son/ daughter/s advisor and the FCCLA Executive Director in enforcing these rules?  
\_\_\_ Yes \_\_\_ No
2. Infringement upon these regulations requires that the student will be sent home from the conference at your expenses. Will you see to it that your son/ daughter is picked up at the conference if such a procedure becomes necessary? \_\_\_ Yes \_\_\_ No
3. I give my son/ daughter permission to swim in the hotel swimming pool and I will not hold Minnesota FCCLA responsible. \_\_\_ Yes \_\_\_ No

### IN CASE OF EMERGENCY PLEASE CALL

Name of first choice \_\_\_\_\_  
Work phone(\_\_\_\_\_) \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_  
Cell phone(\_\_\_\_\_) \_\_\_\_\_  
Name of second choice \_\_\_\_\_  
Work phone\_(\_\_\_\_\_) \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_  
Cell phone(\_\_\_\_\_) \_\_\_\_\_  
Parent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Mail to MN FCCLA, PO 131386, Roseville, MN 55113

**Chapter Plans –Notification to the State FCCLA Office**

**Please send notification of your chapter plans to the State FCCLA Office.**

Deadline: April 28  
Mail to MN FCCLA, PO 131386, Roseville, MN 55113

Please make a copy prior to submitting on line and attach a copy of your housing rooms and conference registration to the MN Package forms. Please return this information to the MN FCCLA State office

MN FCCLA, PO 131386  
Roseville, MN 55113  
[mnfcclashelly@mnccla.org](mailto:mnfcclashelly@mnccla.org)

**Information about the Chapter Delegation to the National FCCLA Conference**

Chapter: \_\_\_\_\_

Number in your delegation: \_\_\_\_\_

Attach information about

- 1. Delegates and rooming list
- 2. Delegates conference registrations (Conference options selected) Tours and gala tickets that you have submitted for.
- 3. Travel Plans.

\_\_\_\_\_

4. Send the Chaperone Memorandum of Understanding if delegates are travelling without their Advisor and coming with another group.

# Memorandum of Understanding

# FORM E

## Substitute Advisor Chaperoning of FCCLA delegates not from their own chapter.

This *Memorandum of Understanding* is for use in the event that National FCCLA Conference delegates who may be attending the National FCCLA conference without their chapter advisor accompanying them.

### ***The National FCCLA policy for chaperones in 1 chaperone per 4 delegates.***

*This is an agreement between the school of the delegate attending and the school of the substitute Advisor who will be chaperoning the student delegate*

This agreement is between \_\_\_\_\_ (school of the student delegate) and Chapter Advisor \_\_\_\_\_ who has agreed to be a substitute chaperone for the student delegate: \_\_\_\_\_

### ATTENDING THE CONFERENCE

Delegate name to be chaperoned: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

School of the delegate attending \_\_\_\_\_

Substitute Chaperone: \_\_\_\_\_ Gender \_\_\_\_\_

*Chapter advisor who will be chaperoning this delegate*

Phone number of the advisor attending \_\_\_\_\_

E mail of the advisor attending \_\_\_\_\_

Cell phone of the advisor attending \_\_\_\_\_

Cooperating School of the substitute advisor attending \_\_\_\_\_

This advisor will have a total of \_\_\_\_\_ students to chaperone.

### NOT ATTENDING THE CONFERENCE

Advisor to the delegate who will not be attending: \_\_\_\_\_ Phone of the advisor not attending \_\_\_\_\_ Email of the Advisor not attending \_\_\_\_\_

Cell phone of the advisor not attending \_\_\_\_\_

\_\_\_\_ Yes, we hereby agree to cooperate to chaperone and guide this student to the National FCCLA Conference and will be responsible for their attendance, travel and participation from home to the conference and return.

\_\_\_\_ Yes, I have read, reviewed the policies with the student and will enforce the National Conference and state delegation policies for this delegate.

Any financial agreements between the two schools are subject to your own negotiations.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

School of delegate

Signed: \_\_\_\_\_ Date \_\_\_\_\_

FCCLA Advisor of delegate

Signed: \_\_\_\_\_ Date \_\_\_\_\_

School of substitute advisor

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Substitute Advisor

### **Adviser/Chaperone Responsibilities**

Advisers are responsible for the behavior and discipline of their students throughout the conference. Students causing a disturbance or displaying inappropriate behavior will be asked to leave the conference and the hotel. An adult must accompany and supervise all students at a ratio of one adult for every four students. Male chaperones should supervise male students. National headquarters will not provide supervision for students traveling alone. There is a 12:00 midnight in-room curfew each night. This curfew should be enforced by the advisers and will be strictly enforced by the hotel security. This curfew is for the safety of the students and in respect for the other guests staying at the hotel(s).

**Mail to MN FCCLA, PO 131386, Roseville, MN 55113**