

Louisiana HOSA State Leadership Conference
March 18 - 19, 2024

Registration Form

Registration fee: \$115/person (includes meals)

Submit this form to your Chapter Advisor with payment.

For Teacher Use:

Amount Paid: _____

Cash or Check # _____

All forms submitted? _____

Student registered online? _____

Please Print Clearly **Registration Deadline: February 26, 2024 (check with teacher for your deadline)**

Name: _____ School: _____ Parish: _____

Cell Phone: _____ Email: _____ Grade in School: _____

Student: ___ Chapter Advisor: ___ Guest/Chaperone: ___ T-shirt size: (circle one) S, M, L, XL, 2XL, 3XL,
Other Size: _____

Options / Activities

List any food allergies/restrictions None, or List _____

State Officer Candidate? ___ Yes ___ No - Submitted Application ___ Yes ___ No

Voting Delegate? ___ Yes ___ No - Voting Delegate ALT? ___ Yes ___ No

Submitted Audition to Sing National Anthem ___ Yes ___ No

Will you be willing to participate in Courtesy Corps (student helper) when needed? ___ Yes ___ No

Chapter Flag/Banner/poster Carrier? ___ Yes ___ No

What Decade are you choosing for the dance? (must be before year 2000) _____

You may compete in 2 events but from different categories; up to 3 health science events; up to 3 tests from NGL category; A & P Tournament; HOSA Bowl; plus any Recognition events.

Not required to sign up for everything!

List Competitive Event you would like to compete in: _____

List second Event to compete in (different category) _____

HOSA Bowl Team (List Team Members; teams must have 4 members only; you may only be on one team)

1) _____ 2) _____

3) _____ 4) _____

List Recognition Events you are participating in:

1) _____ 2) _____

3) _____ 4) _____

List National Geographic Test(s) you will compete in: _____

If competing in the Anatomage A & P Tournament, list team members (3-4 members). Only 3 teams per

school. You may only be on one team. List Team Name:

Teacher _____ Captain: 1) _____

2) _____ 3) _____

4) _____