



## 2015 YA Day Registration Packet

### A Library State of Mind

2015 Illinois Academic, Public, School & Special Libraries Conference

October 22–24, 2015 • Peoria Civic Center

**Important:** Students may only attend if they are sponsored by a librarian or colleague attending the 2015 conference.

#### Registration Checklist

Collect the following material in a single envelope and mail to:

Illinois Library Association  
33 W. Grand, Suite 401  
Chicago, IL 60654

- A copy of each completed student registration form (Pg. 2)
- A copy of each completed adult chaperone registration form (Pg. 3)
- Copy of Completed Emergency Contact & Attendee Roster (Pg. 4)
- Copy of completed payment form
- Full payment in form of check, credit card or PO

**All applications must be postmarked by October 1, 2015**

# Student Registration Form

**A Library State of Mind 2015: YA Day Events held 9 am to 4 pm on Saturday, October 24  
at the Peoria Civic Center and Peoria Marriott Pere Marquette, Peoria, IL**

**1. Sponsor Information** (To be completed by the sponsoring librarian or colleague accompanying student) TYPE or PRINT clearly, completing all sections. Submit one form for each student you are sponsoring for this event. Keep a copy for your records

Sponsoring Library/ Organization	
Sponsoring Librarian or Colleague Name	
Library/Organization Address	
Librarian or Colleague Email	
Library/ Organization Phone	
Librarian or Colleague Cell Phone (available day of event)	

*As the sponsoring librarian, I will be responsible for this student's safety and well-being while attending the conference. I will provide a conference orientation for this teen based on guidelines provided by the YA Day Planning Committee*

\_\_\_\_\_  
**Signature of Sponsoring Librarian**

\_\_\_\_\_  
**Date**

**2. Student Information** (To be completed by the parent/guardian. PRINT clearly, completing all sections. Submit to the sponsoring librarian by his/her deadline.)

Student First and Last name			
Student Home Address			
Grade Level	Pizza Topping Preference (mark one)	<input type="checkbox"/> Cheese <input type="checkbox"/> Ham <input type="checkbox"/> Pepperoni <input type="checkbox"/> Sausage <input type="checkbox"/> Other: Specify _____	

*As the parent/guardian of \_\_\_\_\_ (student), I grant permission to ISLMA & ILA to photograph or videotape this student and release his/her name for publication in ISLMA & ILA sponsored publications or webpages or for publication in the media.*

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

*NOTICE: The Illinois School Library Media Association and the Illinois Library Association assume no responsibility for additional expenses incurred by youth, teacher, parent, or other participation in the conference and assume no responsibility for any injury received while traveling to or from the conference or during the conference itself. The YA Day Planning Committee will work closely with the librarian in coordinating procedures related to youth and guest participation.*

For Office Use Only: Date received \_\_\_\_\_  
Confirmation Sent \_\_\_\_\_

# Chaperone Registration Form

Use this form for all adults accompanying students who are not listed as the sponsoring Librarian/Colleague. The fee for each chaperone is \$25 (includes lunch). Adult chaperones are required to attend sessions with students and may not leave to attend other conference events. You have one (1) designated adult chaperone for each six student attendees.

**1. Sponsor Information** (To be completed by the sponsoring librarian or colleague accompanying student) TYPE or PRINT clearly, completing all sections. Submit one form for each student you are sponsoring for this event. Keep a copy for your records

Sponsoring Library/ Organization	
Sponsoring Librarian or Colleague Name	
Library/Organization Address	
Librarian or Colleague Email	
Library/ Organization Phone	
Librarian or Colleague Cell Phone (available day of event)	

*As the sponsoring librarian, I will provide a conference orientation for this chaperon based on guidelines provided by the YA Day Planning Committee*

\_\_\_\_\_  
**Signature of Sponsoring Librarian**

\_\_\_\_\_  
**Date**

**2. Chaperon Information** (To be completed by the parent/guardian. PRINT clearly, completing all sections. Submit to the sponsoring librarian by his/her deadline.)

First and Last name			
Home Address			
School/Library Affiliation		Cell Phone Number (if available day of event)	

*I grant permission to ISLMA & ILA to photograph or videotape me and release my name for publication in ISLMA & ILA sponsored publications or webpages or for publication in the media.*

\_\_\_\_\_  
**Signature of Chaperone**

\_\_\_\_\_  
**Date**

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Confirmation Sent \_\_\_\_\_

# Emergency Contacts and Attendee Roster

*This page is to be completed by the Sponsoring Librarian, TYPE or PRINT clearly, completing all requested information. Keep a copy for your records.*

Sponsoring Library/ Organization	
Sponsoring Librarian /Colleague	
Cell Phone Number (For Day of Event)	
Secondary Emergency Contact Name	
Cell Phone Number (For Day of Event)	

**Complete the following section with the names and information of your chaperones and student attendees. You may attach additional sheets if necessary.**

**Chaperones**

**Notice:** You must provide one (1) designated chaperone for each six student attendees. While you may act as the chaperone for the first six students, additional students will require additional chaperones. You are required to give your chaperones an orientation based on the guidelines set forth by the YA day planning committee prior to the event.

First and Last Name	Cell Phone Number

**Students**

You are required to give your students an orientation based on the guidelines set forth by the YA day planning committee prior to the event.

First and Last Name	Cell Phone Number

For Office Use Only: Date received \_\_\_\_\_  
Confirmation Sent \_\_\_\_\_

# Payment Information

**Sponsoring Librarian/Colleague must submit one payment for the entire group. Payment may be made by check, credit card, or PO.**

**Battle of the Books Team Entrance Fee (gr 5-8)**

*Includes up to six (6) students grade 5-8 and the sponsoring librarian's attendance, (or if librarian is registered for conference separately, the fee for one chaperone.)*

**\$75 x \_\_\_\_\_ = \$ \_\_\_\_\_**

**Writer's Workshop (gr 9-12)**

*Sponsoring librarians who are registered for the conference are not required to attend sessions with high school age students and may leave to attend other conference events so long as they stay on site. However, you must still have one (1) designated, conference registered adult chaperone for each six student attendees.*

**\$25 x \_\_\_\_\_ = \$ \_\_\_\_\_**

**Additional Chaperone Fee**

*Adult chaperones are required to attend sessions with students and may not leave to attend other conference events. You have one (1) designated adult chaperone for each six student attendees.*

**\$25 x \_\_\_\_\_ = \$ \_\_\_\_\_**

**Total Registration Payment Enclosed \$ \_\_\_\_\_**

**Payment**

Check or money order, payable to Illinois Library Association

P.O #: \_\_\_\_\_

Charge my:  Visa  Mastercard  Discover  AmEx

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CCV: \_\_\_\_\_

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

**Send a copy of all registration forms with payment to:**

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33 W. Grand, Suite 401  
Chicago, IL 60654

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