

2014 KENTUCKY YOUTH ASSEMBLY DELEGATION REGISTRATION FORM



Our delegation is registering for:

<u>Conference</u>	<u>Conference Dates</u>	<u>Registration Deadline (postmark)</u>
School: _____	County: _____	# of Years Advising: _____
Lead Advisor: _____	City: _____	
Advisor's Cell Phone: _____	Advisor E-mail: _____	

Delegate Fee Summary		
# _____ Non-Members @ \$240		\$ _____ (A)
* Rooms are expected to have 4 students. You may have one room of 3 per sex at no additional cost.		
# _____ additional rooms of 3 students @ additional \$150		\$ _____ (B)
Total Delegate Financial Assistance	Financial Assistance should be entered as a negative number. --->	\$ _____ (C)
Total Delegate Fees (A+B-C)		\$ _____ (D)

Advisor Fee Summary		
# _____ Advisors at \$135 each (room with another advisor)		\$ _____ (E)
# _____ Advisors at \$190 each (room by yourself)		\$ _____ (F)
\$135 discount <i>per 15 students</i> (All registration forms and fees must be received on time in order to qualify for this discount)	Discount should be entered as a negative number. --->	\$ _____ (G)
Total Advisor Fees (E+F-G)		\$ _____ (H)

The Kentucky YMCA provides buses to and from the Capitol on the second day of the conference *included in the registration fee*. If you are using Kentucky Y busses, skip to total. If you **DO NOT** wish to utilize these buses, and will be providing your own transportation, you may deduct \$5/person.

of delegates and advisors **NOT** using Kentucky Y buses _____ x \$5 \$ _____ (I)

TOTAL AMOUNT DUE WITH REGISTRATION (D+H-I) \$ _____ (J)

The students listed on the Conference Registration forms have approval to attend this Kentucky YMCA Youth Association Program. Adult supervision of the students at the conference is understood to be the responsibility of the teachers/sponsors from the school, in cooperation with the Kentucky YMCA Youth Association staff. We have reviewed the bill(s) submitted for consideration and understand the terms of the Student and Adult Codes of Conduct signed by each participant.

 Principal or Superintendent

 Advisor or Adult Leader

OFFICE USE ONLY

Date _____	Amount _____	Balance Due _____
Date _____	Amount _____	Balance Due _____

2014 KENTUCKY YOUTH ASSEMBLY HOTEL REGISTRATION FORM

School: _____ Lead Advisor: _____

ADVISOR ROOMS

• If an advisor has requested and paid the fee for a private room, please specify Paid Private.

- | | | | |
|-------|----|-------|----|
| 1. A. | B. | 2. A. | B. |
| 3. A. | B. | 4. A. | B. |
| 5. A. | B. | 6. A. | B. |
| 7. A. | B. | 8. A. | B. |

DELEGATE ROOMS

- Two-delegate rooms will be combined with other delegations.
- One room of 3 students per sex is allowed at no extra cost.
- Additional rooms of 3 students are allowed at an extra cost of \$150 per room.
- Rooms of 5 are available at no extra cost *pending the availability of roll-away beds.*

****NOTE: There are NO roll-away beds available at the LEXINGTON Conference.****



- | | | | | |
|--------|----|----|----|------------------------|
| 1. A. | B. | C. | D. | E. roll-away bed _____ |
| 2. A. | B. | C. | D. | E. roll-away bed _____ |
| 3. A. | B. | C. | D. | E. roll-away bed _____ |
| 4. A. | B. | C. | D. | E. roll-away bed _____ |
| 5. A. | B. | C. | D. | E. roll-away bed _____ |
| 6. A. | B. | C. | D. | E. roll-away bed _____ |
| 7. A. | B. | C. | D. | E. roll-away bed _____ |
| 8. A. | B. | C. | D. | E. roll-away bed _____ |
| 9. A. | B. | C. | D. | E. roll-away bed _____ |
| 10. A. | B. | C. | D. | E. roll-away bed _____ |
| 11. A. | B. | C. | D. | E. roll-away bed _____ |
| 12. A. | B. | C. | D. | E. roll-away bed _____ |

Notes:

2014 KENTUCKY YOUTH ASSEMBLY HOTEL REGISTRATION FORM

School: _____

Lead Advisor: _____

ADVISOR ROOMS

- If an advisor has requested and paid the fee for a private room, please specify **Paid Private**.

9.	A.	B.	10.	A.	B.
11.	A.	B.	12.	A.	B.
13.	A.	B.	14.	A.	B.
15.	A.	B.	16.	A.	B.

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13.	A.	B.	C.	D.	E. <u>roll-away bed</u>
14.	A.	B.	C.	D.	E. <u>roll-away bed</u>
15.	A.	B.	C.	D.	E. <u>roll-away bed</u>
16.	A.	B.	C.	D.	E. <u>roll-away bed</u>
17.	A.	B.	C.	D.	E. <u>roll-away bed</u>
18.	A.	B.	C.	D.	E. <u>roll-away bed</u>
19.	A.	B.	C.	D.	E. <u>roll-away bed</u>
20.	A.	B.	C.	D.	E. <u>roll-away bed</u>
21.	A.	B.	C.	D.	E. <u>roll-away bed</u>
22.	A.	B.	C.	D.	E. <u>roll-away bed</u>
23.	A.	B.	C.	D.	E. <u>roll-away bed</u>
24.	A.	B.	C.	D.	E. <u>roll-away bed</u>

Notes: _____

2014 KENTUCKY YOUTH ASSEMBLY

Financial Assistance Recipients

- Please use this roster to note the students who received Financial Assistance.
- Please select "YES" in the drop-down box next to each student's name if they received any Financial Assistance.
 - (Blank) = This student did not receive Financial Assistance
 - YES = This student received Financial Assistance from the Kentucky YMCA.

****IMPORTANT NOTE: There will be blank boxes throughout this page.
Do NOT move ANY names on this list.****
Moving names on this list will change your hotel room assignments.

First Name and Last Name

First Name and Last Name

1.

2.

3.

4.

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First Name and Last Name

First Name and Last Name

51.
53.
55.
57.
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63.
65.
67.
69.
71.
73.
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74.
76.
78.
80.
82.
84.
86.
88.
90.
92.
94.
96.
98.
100.

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First Name and Last Name

First Name and Last Name

101.
103.
105.
107.
109.
111.
113.
115.
117.
119.

102.
104.
106.
108.
110.
112.
114.
116.
118.
120.

2014 KENTUCKY YOUTH ASSEMBLY MIDDLE SCHOOL SPECIFIED ROLES ROSTER

School: _____ Lead Advisor: _____

- Specified Roles are not required
- Do not repeat any of the below students on the General Roles Roster
- Any student on this page cannot be a Bill Author
- Any student on this page MUST HAVE AN EMAIL ADDRESS LISTED

CURRENT ELECTED KYA OFFICER(S) (If any)

1 _____ OFFICE _____
2 _____ OFFICE _____
3 _____ OFFICE _____

COMMITTEE CHAIR 2015 APPLICANT (formerly known as Leadership Team Applicant)

(One 8th grader with KYA experience, must have attended a pre-conference KYA Presider Training [[contact your Regional Director for details](#)], and bring Committee Chair Applicant Commitment Form to the conference.)

1 _____ EMAIL* _____

PARLIAMENTARIAN(S)

(Limit two per delegation, students will be assigned a position by the Kentucky YMCA)

1 _____ EMAIL* _____
2 _____ EMAIL* _____

MEDIA CORPS

(Two 7th or 8th graders per delegation)

1 _____ EMAIL* _____
2 _____ EMAIL* _____

2014 KENTUCKY YOUTH ASSEMBLY GENERAL DELEGATE ROSTER

- This roster is for general delegates **only**.
- This roster is **NOT** for delegates listed on the Specified Roles Roster or Bill Authors.
- List Bill Authors **only** on the Bill Cover Sheet (Premiere and Legislative).
- Please use the following abbreviations to indicate the program area in which the remainder of your delegates wishes to participate. The Kentucky YMCA will assign delegates to Committees and Chambers.
 - o **PL** = Premiere Legislator (all 6th graders and first time 7th graders)
 - o **L** = Legislator (7th graders who have attended a KYA before and all 8th graders)

First Name and Last Name	PL/L	First Name and Last Name	PL/L
1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	
11.		12.	
13.		14.	
15.		16.	
17.		18.	
19.		20.	
21.		22.	
23.		24.	
25.		26.	
27.		28.	
29.		30.	
31.		32.	
33.		34.	
35.		36.	
37.		38.	
39.		40.	
41.		42.	
43.		44.	
45.		46.	
47.		48.	
49.		50.	

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 - o **PL** = Premiere Legislator (all 6th graders and first time 7th graders)
 - o **L** = Legislator (7th graders who have attended a KYA before and all 8th graders)

First Name and Last Name	PL/L	First Name and Last Name	PL/L
51.		52.	
53.		54.	
55.		56.	
57.		58.	
59.		60.	
61.		62.	
63.		64.	
65.		66.	
67.		68.	
69.		70.	
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73.		74.	
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81.		82.	
83.		84.	
85.		86.	
87.		88.	
89.		90.	
91.		92.	
93.		94.	
95.		96.	
97.		98.	
99.		100.	

2014 KENTUCKY YOUTH ASSEMBLY

LEGISLATIVE BILL COVER SHEET

School: _____

Delegations must submit 1 bill per 15 Legislative Delegates or part thereof with a maximum of 5 bills total submitted in the Legislative Program. **Bill limits are based on final registration numbers.** See page 19 of the [KYA Manual](#) for a description of who does and does not count as a Legislative Delegate.

Number of Legislative Delegates	Number of Legislative Bills Allowed
1-15	1
16-30	2
31-45	3
46-60	4
61+	5

Legislative Bills

- may have 1-4 authors
- may have a title no longer than 15 words
- must legibly fit in the supplied one page form using Verdana font

1. Authors: _____

Title: _____

2. Authors: _____

Title: _____

3. Authors: _____

Title: _____

4. Authors: _____

Title: _____

5. Authors: _____

Title: _____

2014 KENTUCKY YOUTH ASSEMBLY

PREMIERE BILL COVER SHEET

School: _____

Delegations must submit 1 bill per 15 Premiere Delegates or part thereof with a maximum of 5 bills total submitted in the Premiere Program. **Bill limits are based on final registration numbers.** See page 18 of the [KYA Manual](#) for a description of who does and does not count as a Premiere Delegate.

Number of Premiere Delegates	Number of Premiere Bills Allowed
1-15	1
16-30	2
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Premiere Bills

- may have 1-4 authors
- may have a title no longer than 15 words
- must legibly fit in the supplied one page form using Verdana font

1. Authors: _____

Title: _____

2. Authors: _____

Title: _____

3. Authors: _____


Title: _____

4. Authors: _____


Title: _____

5. Authors: _____


Title: _____

 <p>KENTUCKY YMCA YOUTH ASSOCIATION KENTUCKY YOUTH ASSEMBLY Legislative Bill</p>	(Tag) Bill #						
	Referred to Committee:						
Authors:	<p>Action on the Bill</p> <table> <tr> <td>House</td> <td>Senate</td> </tr> <tr> <td>____ <input type="checkbox"/> Passed</td> <td>____ <input type="checkbox"/> Passed</td> </tr> <tr> <td>____ <input type="checkbox"/> Defeated</td> <td>____ <input type="checkbox"/> Defeated</td> </tr> </table>	House	Senate	____ <input type="checkbox"/> Passed	____ <input type="checkbox"/> Passed	____ <input type="checkbox"/> Defeated	____ <input type="checkbox"/> Defeated
House		Senate					
____ <input type="checkbox"/> Passed		____ <input type="checkbox"/> Passed					
____ <input type="checkbox"/> Defeated	____ <input type="checkbox"/> Defeated						
School:							
City:							


Be it enacted by the Youth Assembly of the Commonwealth of Kentucky

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House		Senate					
___ <input type="checkbox"/> Passed		___ <input type="checkbox"/> Passed					
___ <input type="checkbox"/> Defeated	___ <input type="checkbox"/> Defeated						
School:							
City:							


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____ <input type="checkbox"/> Defeated	____ <input type="checkbox"/> Defeated						
School:							
City:							


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 <p>KENTUCKY YMCA YOUTH ASSOCIATION KENTUCKY YOUTH ASSEMBLY Premiere Bill</p>	(Tag) Bill #						
	Referred to Committee:						
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___ <input type="checkbox"/> Defeated	___ <input type="checkbox"/> Defeated						
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City:							


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