



Name of School: _____ Name of Group (ex. SLS): _____
 School Phone: (____) _____ School Fax: (____) _____
 School Address: _____ City: _____ State: _____ Zip: _____
 Advisor (s) Name: _____ Advisor (s) Cell Phone: _____
 Advisor Home Phone: (____) _____ Advisor E-mail: _____
 Student Contact: _____ Student Cell Phone: (____) _____
 Student E-mail: _____ Will your group be bringing a table exhibit? Y N Banner? Y N

Advisor(s) Name(s)	Home Phone	Student Name(s)	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
How many conferences have you been to _____		_____	
# of Students _____ + # of Advisors _____		_____	
= Total # of Participants _____		_____	
For every participant you must complete		_____	
1. Participant Form B		*Please attach additional participant lists if needed	

Conference Registration Fees (only)

Hotel Package reservation/costs on Form C

*Registration costs include: Conference, T-shirts, Speakers, Entertainment and all materials. Hotel Package reservation/costs on Form C.

Early Registration (received by 1/31) \$115 x # of participants _____ = \$ _____

Registration (received after 2/1) \$140 x # of participants _____ = \$ _____

***If your group is interested in attending without hotel stay, contact SLS to request conference meal costs.**

REGISTRATION DEADLINE February 23, 2026

***Note: All registration fees MUST BE PAID in full prior Conference TOTAL COST (payable to SLS): = \$ _____**

CANCELLATION POLICY: There will be no refunds available after registration deadline. Substitutions are welcome.

Payment Methods:

☐ Check (made payable to Student Leadership Services) ☐ Credit Card Payment available on www.SLStoday.org through Paypal

*click on donate and specify Conference Registration in memo

Send registration forms to dmf@SLStoday.org or mail to SLS 1150 Scott Lake Rd, Waterford, MI 48328

Registration Checklist

Before sending your registration packet please be sure

ALL of the following are included:

____ Group registration Form A and any attachments

____ Participant Registration Form B for **all participants** including adults

____ Lodging Form C for group

**March 14-15, 2026**

Pre-Conference March 13, 2026

Shanty Creek Resort (Bellaire, MI)*Participant Form (Student and Adult) – B*All forms from each school should be returned together. Each participant (students and adults) must fill out registration form. **Please print with pen or type.****Please type or print legibly:** Circle One: *Student* *Advisor* *Parent* *Other* _____

Name: _____ Pronouns: _____ Dietary Requests/Concerns: _____

Address: _____ City: _____ Zip: _____

Cell Phone: (____) _____ E-mail: _____

School: _____ Gender _____ Age: _____ Grade: _____

Are you currently involved in an SLS Chapter at your school? _____ Yes _____ No

T-Shirt size *Small* *Medium* *Large* *X-Large* *XX-Large* *XXX-Large***T-shirts are first come, first serve and are not guaranteed.***Emergency Contact: (Adults too!)**

Name: _____ Relationship: _____

Home phone: (____) _____ Work / Cell (circle one): (____) _____

Alternate: _____ Relationship: _____

Home phone: (____) _____ Work / Cell (circle one): (____) _____

Permission to take/use photos/videos/audio during the event for social media/marketing? Y N**Required for all high school student participants:**

As parent/guardian, I have read and reviewed the rules of the SLS High School Leadership Conference, and I have discussed them with my son/daughter. My son/daughter understands all the rules and agrees to follow them. I agree to hold SLS, its agent's staff or successors-in interest, harmless from liability due to my son/daughter's violation of any of these rules. I understand further that conference/hotel fees will NOT be refunded as a result of early dismissal.

Signature: _____ natural parent/legal guardian for _____, a minor. Date: _____

I, _____, being the natural parent/legal guardian of _____, a minor who resides at _____, hereby grant Student Leadership Services, Inc. (SLS), or its designee, the right to transport the above-captioned minor, to any emergency medical or health care facility for immediate treatment and/or consultation, if necessary.

Further, I hereby grant SLS's medical director or his/her designee, the right to consent on behalf of the above-captioned minor for medical treatment. I understand that I will be notified of any emergency situation immediately, but that this emergency medical release is in the event that I am unavailable to the necessary parties, and immediate authorization for treatment is required.

Health History: (please check and date all that apply; include separate sheet for other information not listed below)

☐ Ear Infections	☐ Chicken Pox	☐ Hay Fever	☐ Behavior *please describe
☐ Rheumatic Fever	☐ Convulsions	☐ Diabetes	_____
☐ German Measles	☐ Mumps	☐ Measles	_____
☐ Asthma			☐ Other *please describe

Allergies: (please check all that apply)☐ Insect bites ☐ Penicillin ☐ Other drugs _____

List medication currently being taken (attach separate paper if necessary) _____

Insurance Information (you may also send copy of Insurance Card)

Policyholder's name and Relationship to Patient _____

Policyholder's Address _____

Name and address of Insurance Company _____

Name and Address of Employer _____

ALL Policy Numbers (please identify) _____

Conference Cost ONLY (payable to Student Leadership Services): EARLY Registration (by 1/31) \$115 per person– (after 2/1) \$140 per person
Conference Cost includes conference materials, activities & entertainment

Lodging/Meals-Shanty Creek Resort: The fees listed below include one night room, meals, taxes and gratuities. Arrange payment to your school/group with your adult advisor. Schools must submit group check or credit card for lodging to Shanty Creek Resort.

The hotel rate also applies to spouses accompanying advisors. Same gender students from same school will be housed together.

\$164.00 (Quad) per person - 4-5 people per room	\$174.00 (Triple) per person - 3 people per room
\$195.00 (double) per person - 2 people per room	\$256.00 (Single) - Available to advisors only or special circumstances
	\$20.00 Rollaway Per Night (1 per room)

Early Arrival for Pre-conference Activities: \$122 per room

CONFERENCE REGISTRATION DEADLINE: February 23, 2026 *Students return form to adult/group advisor to be submitted with registration*



Student Leadership Services
Innovative. Inclusive. Validated.



SUMMIT VILLAGE
SHANTY CREEK RESORTS®
STUDENT LEADERSHIP SERVICES

March 13-15, 2026

Lodging-Form C

Registration Deadline February 23, 2026



Student Leadership Services
Innovative. Inclusive. Validated.

PLEASE RETURN THIS LODGING PACKAGE FORM WITH ALL THE CONFERENCE REGISTRATION MATERIALS TO SLS:

Group Name: _____

Contact Name: _____

Address: _____

Home Phone: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Confirmation Email: _____

Fax: _____

You are welcome to arrive early for this scheduled event.

If the room type requested is not available, hotel reserve the right to assign the next available room type and rate.

Arrival Date: _____ Departure Date: _____ # Adults: _____ # Students: _____

The rates below are PER PERSON

ROOM TYPE:	Single	Double (Per Person)	Triple (Per Person)	Quad (Per Person)
_____ Guest Room (2 double beds)	\$256pp	\$195 pp	\$174 pp	\$164 pp
_____ Studio Parlor* (1 king bed)	\$288pp	\$211 pp		

*Adults only

_____ Roll Away Beds \$20 (each/per night)

The above per person rates include: 1-night lodging (Saturday 3/14), 1 lunch (Saturday), 1 dinner (Saturday), 1 Breakfast (Sunday), 1 Lunch (Sunday)

Early arrival rate for 3/13 is \$122 per guest room/154 per studio room (Friday meals and Saturday breakfast are **on your own**).

School/Organization must submit Tax Exempt Form to avoid a 6% sales tax. If not submitted rates will be higher than noted.

Room 1 (Indicate if adult) Gender

Indicate if you need roll-away _____
Room 1 Hotel Cost _____

Room 2 (Indicate if adult) Gender

Indicate if you need roll-away _____
Room 2 Hotel Cost _____

Room 3 (Indicate if adult) Gender

Indicate if you need roll-away _____
Room 3 Hotel Cost _____

Room 4 (Indicate if adult) Gender

Indicate if you need roll-away _____
Room 4 Hotel Cost _____

Total Hotel Cost for March 15-16, 2025 _____

Early Arrival (Friday) Hotel Cost (118 per guest room/149 per studio room) _____ Do you have any special lodging requests? _____

Total owed to Shanty Creek _____

THIS FORM MUST RETURNED TO SLS TO MAKE HOTEL RESERVATION

Hotel payment is to be made directly to Shanty Creek upon arrival. School/Organization Check or Credit Card is accepted. School/Organization must submit Tax Exempt Form to avoid a 6% sales tax. If not submitted rates will be higher than noted.

For Questions, Please Call: SLS at 248-706-0757 (do not call Shanty Creek directly) or email dmf@SLStoday.org

Michigan Sales and Use Tax Certificate of Exemption

DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records. This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: TYPE OF PURCHASE

- ☐ A. One-Time Purchase
Order or Invoice Number: _____
- ☐ C. Blanket Certificate
Expiration Date (maximum of four years): _____
- ☐ B. Blanket Certificate. Recurring Business Relationship

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

1. ☐ All items purchased.
2. ☐ Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

1. ☐ For Lease. Enter Use Tax Registration Number: _____
2. ☐ For Resale at Retail. Enter Sales Tax License Number: _____

The following exemptions **DO NOT** require the purchaser to provide a number:

3. ☐ Agricultural Production. Enter percentage: _____%
4. ☐ Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).
5. ☐ Contractor (must provide *Michigan Sales and Use Tax Contractor Eligibility Statement* (Form 3520)).
6. ☐ For Resale at Wholesale.
7. ☐ Industrial Processing. Enter percentage: _____%
8. ☐ Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form).
9. ☐ Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form).
10. ☐ Rolling Stock purchased by an Interstate Motor Carrier.
11. ☐ Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name		Type of Business (see codes on page 2)
Business Address		City, State, ZIP Code
Business Telephone Number (include area code)		Name (Print or Type)
Signature and Title		Date Signed

Instructions for completing Michigan Sales and Use Tax Certificate of Exemption

Purchasers may use this form to claim exemption from Michigan sales and use tax on qualified transactions. It is the Purchaser's responsibility to ensure the eligibility of the exemption being claimed. All claims are subject to audit. Non-qualified transactions are subject to tax, statutory penalty and interest.

Sellers are required to maintain records, paper or electronic, of completed exemption certificates for a period of four years. Michigan does not issue "tax exempt numbers" and a seller may not rely on a number for substitution of an exemption certificate. Other documentation that sellers in the State of Michigan may accept are the Uniform Sales and Use Tax Certificate approved by the Multistate Tax Commission, the Streamlined Sales and Use Tax Agreement Certificate of Exemption, the same information in another format from the purchaser, or resale or exemption certificates or other written evidence of exemption authorized by another state or country.

SECTION 1:

Place a check in the box that describes how you will use this certificate.

A) Choose "One-Time Purchase" and include the invoice number this certificate covers.

B) Choose "Blanket Certificate" if there is a "recurring business relationship." This exists when a period of not more than 12 months elapses between sales transactions between the seller and purchaser.

C) Choose "Blanket Certificate" and enter the expiration date (maximum four years) when there is a period of more than 12 months between sales transactions.

Print the vendor's name and address in the area provided.

SECTION 2:

Place a check in the box for "All items purchased" or choose "Limited to" and list the items that are covered by the exemption claim.

SECTION 3:

Place a check in the box that applies and provide the additional information requested for that exemption. The exemptions listed are the most common. If the exemption you are claiming is not listed use "Other" and enter the qualifying exemption.

SECTION 4:

Use the number that describes your business or explain any other business type not provided.

01	Accommodations	09	Transportation
02	Agricultural	10	Utilities
03	Construction	11	Wholesale
04	Manufacturing	12	Advertising, newspaper
05	Government	13	Non-Profit Hospital
06	Rental or leasing	14	Non-Profit Educational
07	Retail	15	Non-Profit 501(c)(3) or 501(c)(4)
08	Church	16	Other

Print the name of the business, address, city, state and zip code. Sign and provide your title (i.e. owner, president, treasurer, etc.). Provide your printed name and date the certificate.

DO NOT SEND THIS EXEMPTION CERTIFICATE TO THE DEPARTMENT OF TREASURY.

SLS CONFERENCE RULES & EXPECTATIONS 2026

**Please review carefully with students and adults*

These rules are designed to ensure that all participants enjoy a maximum learning experience in an environment conducive to an exchange and sharing of ideas and concepts. Conference participants who violate these regulations will be subject to **disciplinary action, which may include being sent home and/or a report made to the participant's parents or guardians, or administrator.** All participants are expected to abide by these conference regulations regardless of age. **ALL RULES ARE STRICTLY ENFORCED.**

ATTENDANCE: Student and adult participation and attendance at workshops, general sessions and all conference activities are **mandatory.**

APPROPRIATE ATTIRE: SLS follows school dress codes. Conference is at a hotel resort and conference center. Conference may include outside activities (weather permitting) Please bring appropriate winter clothing such as, coats, hats, gloves, boots, etc.

BEHAVIOR: All participants are expected to conduct themselves in an orderly manner. Including no girls in boy's hotel rooms and vice versa unless advisor is present. Behavior that falls below generally accepted standards may result in removal.

CURFEW: When conference activities are finished for the day all students must report to their hotel room. At no time may students leave their room or hotel once curfew is in place.

CELL PHONES: All participants are expected to have all cell phones off or on silent while in workshops or general sessions. There will be no phone use of any kind during any presentations. Respect and courtesy of presenters and conference activities are expected.

PROPERTY DAMAGE: Intentional damage/theft of hotel or personal property is strictly prohibited. Disciplinary action will include financial remuneration for such damage or theft and removal from event.

SAFETY: Nametags must be worn throughout conference. All conference participants must stay within designated hotel and activity areas. Advisors must be informed of student locations throughout conference. Absolutely NO WEAPONS of any kind are allowed on the premises by students or adults. Any participant (regardless of age) found with a weapon will be removed from the conference immediately and will be reported to the police.

SMOKING: This is a **no smoking** conference. Smoking of cigarettes, pipes, cigars, vape pens, e-cigs, etc. by adults or students is **not** permitted.

USE OF ALCOHOL OR OTHER DRUGS: Any participant found to be under the influence of or in possession of alcoholic beverages or other drugs, will be immediately removed from the conference. **This includes any adult, speaker or conference guest (regardless of age).** Advisors or medical staff must be informed of prescriptions and over-the-counter medications.

DISCIPLINARY ACTIONS

An offending student's advisor will be involved in disciplinary decisions however, the SLS supervision staff and conference coordinator will take final action. Disciplinary actions, depending on the severity may include and are not limited to the following: VERBAL WARNINGS, TIME OUTS, and/or DISMISSAL FROM EVENT. Depending on the severity of the event, parents and/or school principals will be notified.