



Hugh O'Brian Youth Leadership
Central Pennsylvania Leadership Seminar
"Empowering Young People to Excel as Leaders"
P.O. Box 20129, York, PA 17402
www.centralpahoby.org

Instructions and Hints for Completing Registration Forms
PLEASE READ CAREFULLY BEFORE COMPLETING FORMS
Use this page as a checklist for completing other forms.

1. Please complete in ink, not pencil.
2. Print legibly.
3. **All forms are to be returned by April 20, 2011.**
4. The first hallmark of leadership is responsibility – so please refrain from asking (or allowing) your mom or dad to complete these forms for you!
5. Don't skip over anything and don't cut corners.
6. In the unlikely event of a medical emergency during the HOBY Weekend, a doctor or hospital may need significant information regarding your health insurance coverage and your immunization history. That's why it's important to complete the Medical History form in its entirety. The easiest way to complete the Immunization Record is to attach a photocopy of your record from school (your counselor or school nurse will be happy to provide you a copy). If you don't have health insurance, that's OK – it's not required to participate in HOBY Weekend – but be sure to check the appropriate box on the form to indicate accordingly. Don't leave anything blank on this form, including phone number for your insurance plan, and policy number. And remember to attach a photocopy of BOTH sides of your medical insurance plan member ID card!
7. On the Registration form, put your family's home phone number on all forms where requested, not your private line or cell phone number.
8. Remember to indicate if you have special-diet requirements or other special-needs requirements – we'll try to comply with all such requests.
9. Please note – for the Global Aid Network Volunteer Application form – we ask that all ambassadors complete the form and send it in with the rest of your registration materials. We will have two of the six buses at this volunteer service site on Saturday afternoon for our "Volunteer for Service" project and will only turn in the forms for those ambassadors that attend this volunteer site, but we do need parent signatures for those attending. **The project during HOBY is to help pack donated items in appropriate boxes for shipments as they deem necessary (similar to helping at a food bank).** There is not an element of a "Crusade" that day, this is a partnership of GAIN's and is a partner listed on their Volunteer Application form. Your church name is not required if you prefer not to complete that section.
10. Please return all forms at the same time to Melinda Bertling, 11 North Church Road, Newark, DE 19711 (**it may require extra postage**). Send the envelope via regular U.S. mail and please do not mail these forms to HOBY's main office or to Millersville University!!
11. Finally – please mail the forms by the deadline indicated above. If you're going to be late in submitting these forms, don't worry – just call our Vice-Chair of Ambassador Relations, Patty Glasser at 717-872-7581, or patty.glasser@centralpahoby.org, and let her know so she doesn't ask your school to name a replacement!



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Dear Ambassador,

Congratulations on being chosen by your high school as its representative to the 2011 Central Pennsylvania Hugh O'Brian Youth (HOBY) Leadership Seminar! You have been chosen by your school because you have shown your potential as a leader.

We are pleased to invite you to attend the leadership seminar which will be held May 19-22, 2011 at Millersville University in Millersville, PA. During the seminar, there will be no cost to you, except for the costs that you may incur traveling to the seminar or for any purchases that you wish to make while at the seminar. A large part of the costs for the seminar are covered in donations from your high school, area civic clubs, businesses and individuals.

We hope you are looking forward to attending the seminar as much as we are looking forward to hosting it for you! Come prepared to participate! We have a variety of fun opportunities planned for you. **Registration begins on Thursday from 9:00 a.m.-10:30 a.m. You will be required to attend all seminar activities from the time you register until the program's conclusion at 3:00 p.m. on Sunday.**

The seminar will provide you with a unique, challenging and enjoyable learning experience. You will develop your leadership potential through interactions with business, civic, government and educational leaders. Along with over 240 other sophomores from central and northeast Pennsylvania, you will participate in activities and exercises designed to introduce you to our national systems and the rewards those systems offer. In particular, Central PA presents a four-day seminar with a four-hour service project and two days at off site facilities. We are proud of receiving the HOBY Outstanding Site Award for 20 consecutive years for our seminar and program offered to you as HOBY ambassadors!

Please read the attached information and return the required forms, which are posted on www.centralpahoby.org, by April 20, 2011. Please note that these forms require the signature of yourself and your parents. These forms are crucial to our final preparation for the seminar and your promptness is required. Priority will be given to those forms returned by the due date. Please make sure that you share this information with your parents so that they can sign the forms and receive their invitation to Thursday and Sunday's activities. This mailing is the bulk of the information you will receive. Your groups' facilitator will contact you with more information closer to the seminar date.

The dress code for Thursday is business-casual clothing, so please arrive appropriately dressed. This means skirts, dress pants and appropriate shoes for the females and shirt, slacks and ties (optional) for the males. On Friday, you will be spending the day at our state Capitol. Coats and ties for males and business dress for females is encouraged. Friday night and Saturday night will be casual dress. Saturday, you will need jeans and sneakers to wear with your HOBY-provided tee shirt. At no time are bare midriffs, offensive clothing, spaghetti straps or flip-flops appropriate attire. Please log onto www.centralpahoby.org for a suggested packing list and other forms and FAQs that must be reviewed and completed.



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During the weekend, you will be sharing a room with another ambassador. **Please bring your own toiletries, towels, sheets (twin size) and pillow (see packing list on web site).** The facilitators will be providing you with wake up calls. A talent show will be held on Saturday for those that want to participate. Please keep your presentations to 3 minutes in length. Microphones and a piano will be provided. Please bring all other props that you may need. On Sunday morning, there will be an Interdenominational service and Catholic Mass for those who wish to attend.

Items not needed for the weekend include I-Pods, miscellaneous electronic gear, laptops and car keys. Cell phones, while permitted, should only be turned on or used at evening free-time events. You may wish to bring some spending money to the seminar. Group photos will be available, as well as HOBY souvenirs for purchase.

Feel free to contact our Vice-Chair of Ambassador Relations, Patty Glasser, at patty.glasser@centralpahoby.org or 717-872-7581 if you have a question about your role as a HOBY ambassador. Questions about the forms on the web site can be directed to Melinda Bertling, Vice-Chair of Operations, at melinda.bertling@centralpahoby.org or 302-983-4784.

Again, congratulations on your selection as your school's ambassador. The Central PA Leadership Seminar, in cooperation with Hugh O'Brian Youth Leadership, is delighted to offer you this exciting opportunity. I personally look forward to meeting each of you.

Sincerely,

Andy Miller

Andrew Miller (HOBY '98)
2011 Leadership Seminar Chairperson
(717) 892-2718
andy.miller@centralpahoby.org



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Dear HOBY Ambassador:

Congratulations on your selection to the 2011 Central Pennsylvania Hugh O'Brian Youth Leadership Seminar! We know you are an outstanding student representative and we are looking forward to meeting you. Please read this letter thoroughly, share it with your parents, and access the appropriate forms online.

Please visit www.centralpahoby.org for forms and additional information about our seminar.

Mail forms to: **Melinda Bertling, Vice-Chair of Operations**
11 North Church Road
Newark, DE 19711

The following forms **MUST** be completed and returned by **April 20, 2011**. (To assure your place at the seminar, please contact Patty or Melinda ASAP if there is a reason the forms will not be returned by this date.):

1. **Participant Confirmation Form**
2. **Medical History Records Form (2 pages)**
3. **Medical Verification Form for Physicians** (NOTE: Required only if prescription meds are brought to seminar)
4. **Health Insurance Form**
5. **Consent & Acknowledgment of Risk Form**
6. **Notice of Privacy Practices**
7. **Release form for Global Aid Network**
8. **Off-Site Selection Form** – We will be spending a portion of Saturday at an off-site location learning about various career opportunities. Sign up early to get first choice!!

Online you will find instructions for important portions of the seminar:

1. **Model Legislative Session** –** Pre-Seminar Assignment ** We will spend Friday as members of the Pennsylvania House of Representatives at the Capitol in Harrisburg. Details are on the website about submitting your bills on-line.
2. **Leadership for Service** – This year we are making craft kits to be sent to school children in third-world countries.
3. **Press Release Form** – Available for you to complete and send to your local newspaper announcing your selection as a HOBY Ambassador!
4. **Directions to Millersville University** – link to map

Once again, congratulations on being selected to attend HOBY! If you have any seminar questions, please do not hesitate to contact Patty Glasser at patty.glasser@centralpahoby.org or 717-872-7581. For questions regarding the above forms, please contact Melinda Bertling at Melinda.Bertling@centralpahoby.org or 302-983-4784.

Sincerely,
Patty Glasser

Melinda Bertling

Patty Glasser
Vice-Chair of Ambassador Relations

Melinda Bertling
Vice-Chair of Operations



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Participant Confirmation Form

Return this form by April 20, 2011 to:
Melinda Bertling, Vice-Chair of Operations
11 North Church Road
Newark, DE 19711

(Please type or print legibly)

Mr. [] / Ms. [] (Last name) (First name)

Preferred name for nametag:

Date of Birth: / / Gender: [] Male [] Female

Address:

City: State: Zip code: County:

Home Telephone Number: () Email:

High School You Will Represent:

T-Shirt Size: [] S [] M [] L [] XL [] XXL [] XXXL

Do you participate or have an interest in local/state/federal government? Explain:

Newspaper Name: City/Town:

Travel Information

Participant will arrive at the HOBY Leadership Seminar by: [] CAR [] BUS [] TRAIN [] PLANE

If traveling by car, participant will be driven by (name of driver):

Cell number: () OR Participant will be driving him/herself to the seminar.

Note: Participants that drive themselves to the seminar are required to surrender their car keys upon arrival; they will be returned at the conclusion of the seminar.

Parents: HOBY strongly discourages students from driving themselves to and from the seminar; students are typically very tired by the end of the weekend

If traveling by bus, train, or plane - Name of Carrier:

Bus/Train/Flight Number: Arrival Date: Arrival Time: AM / PM

How will student be transported between bus/airport/train station and seminar facility?

If departure plans are different, please explain:

If departing by bus, train, or plane - Name of Carrier:

Bus/Train/Flight Number: Departure Date: Departure Time: AM / PM

I UNDERSTAND THAT ALL TRANSPORTATION TO AND FROM THE SEMINAR FACILITY IS MY RESPONSIBILITY. THIS INCLUDES RESPONSIBILITY FOR MY SON OR DAUGHTER DURING ANY CONNECTION FLIGHTS, BUS TRANSFERS, OR IN BETWEEN MODES OF TRANSPORTATION.

Signature of Parent/Legal Guardian: Date:



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Policy for Use of Medication During a HOBY Event

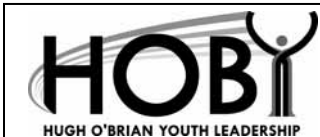
If a minor or adult participant is required to take medication during a HOBY event, including the HOBY Leadership Seminar, he/she must comply with the following guidelines:

1. HOBY volunteers will not dispense prescription medication for participants during the event.
2. Any participant bringing prescription medication to the event must submit a doctor's note or completed Physician Medication Verification Form to HOBY, preferably in advance or at the event check-in, detailing the following:
 - a. The name and type of medication.
 - b. The condition for which the medication is being prescribed.
 - c. Dosage information.
 - d. Attestation that use of the medication will not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

This information is necessary to provide medical personnel in the case of emergency and the participant is unable to communicate the information. All prescription medication must be submitted to HOBY in its original container as labeled by the pharmacy. HOBY will store required medications in a locked facility. The medications a participant may be allowed to keep in his/her possession is any asthma medications (inhalers, oral steroids, etc.), birth control pills, acne medication, any topical medications, allergy medications, medications for treatment of diabetes (insulin, etc.) and EpiPens, as well as any other prescription medication required by the doctor to be in their possession at all times. But there will need to be a doctor's note completed and on file for all medication brought to the event, whether stored or not.

If a participant fails to advise HOBY that he/she is taking prescription medication, is not taking the medication as prescribed, and/or has stopped taking prescription medication, HOBY reserves the right to send the participant home at the participant's guardian or parent's expense.

3. If the participant has a medical condition that requires any assistance, the assistance must be provided or contracted directly by the participant or his/her parent/guardian. Under no circumstances will a HOBY volunteer help with dispensing medication. If help is needed on an emergency basis, emergency personnel will be contacted.
4. Proper administration and dosage of medication shall be the sole responsibility of the participant. HOBY will have no responsibility in seeing that the participant takes the medication as prescribed by the doctor.
5. Participants should only bring as much medication as will reasonably be needed during the event.
6. Participants are prohibited from sharing their personal medication with another participant. Conversely, participants are prohibited from accepting medication from anyone, other than HOBY medical staff.
7. Any participant bringing illegal drugs, narcotics, misused prescription drugs and/or mood altering substances or alcoholic beverages to a HOBY event, using them on HOBY premises or dispensing or selling them on HOBY premises will be subject to disciplinary action, including automatic expulsion from the event. The discharged participant will be responsible for any charges/fees incurred as a result of leaving the event early (i.e. change in airfare, taxi, etc.). HOBY has a very strict/no-tolerance policy when it comes to drugs.



Please return this form by April 20, 2011 to:
Melinda Bertling, Vice-Chair of Operations
11 North Church Road
Newark, DE 19711

Central Pennsylvania Leadership Seminar Medical History Records Form (Please type or print legibly)

Dear Participant:

For our records, and for your protection, please have your parent or legal guardian complete this form in its entirety. Please provide ALL requested information and obtain the signature of your parent or legal guardian.

PARTICIPANT PERSONAL INFORMATION

Last name	First name	Middle initial

Gender	Date of birth	Place of birth

(Area code) Telephone number		High school/Institution participant represents

Participant's permanent street address		

City	State	Zip code

EMERGENCY CONTACT INFORMATION

_____		_____
Last name	First name	Relationship to participant
_____		_____
(Area code) Primary telephone number		(Area code) Secondary telephone number
_____		_____
Name of family physician		(Area code) Physician telephone number

PARTICIPANT PERSONAL MEDICAL HISTORY

Please check the following diseases the participant has had in the past:

- | | | |
|---|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> German Measles (Rubella) | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Pneumonia | |

Check the following conditions the participant has had or are subject to now:

- | | | |
|---|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Nose Bleed |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Difficulty Sleeping |
| <input type="checkbox"/> Bleeding tendencies | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Upset stomache |
| <input type="checkbox"/> Emphysema/ Bronchitis | <input type="checkbox"/> Headache | <input type="checkbox"/> Vision Loss |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine | |

What treatments or medications (if any) does the participant require for any of the above conditions? _____

Has the participant ever been hospitalized or had serious illnesses? If so, please explain in detail; use additional sheet if necessary. _____

If there are any limitations on the amount of physical exercise the participant can engage in, please describe and explain (use additional sheet of paper if necessary): _____

Please list allergies (insect stings, plants, etc.): _____

Medical History Records Form (page 2)

Please check all that apply with respect to dietary restrictions:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> I Eat Everything, no restrictions | <input type="checkbox"/> No Pork Products | <input type="checkbox"/> Kosher | <input type="checkbox"/> Shell-Fish Allergy |
| <input type="checkbox"/> Lacto-Ovo Vegetarian | <input type="checkbox"/> No Red Meat | <input type="checkbox"/> Hillel | <input type="checkbox"/> Other (Please Specify): _____ |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Lactose Free | <input type="checkbox"/> Peanut Allergy | _____ |
| <input type="checkbox"/> Diabetic Diet | <input type="checkbox"/> Gluten Free | <input type="checkbox"/> All Nut Allergy | _____ |

MEDICATION

Please list any medications the participant has allergic reactions to (penicillin, sulfa drugs, tetnus antioxin, etc.) and what the reaction is:

Please list any prescription medications the participant is taking, including: (1) name and type of medication; (2) condition for which medication is being prescribed; and (3) dosage information. Please also list any non-prescription medication the participant takes regularly. **Please read HOBY's Policy for Use of Medication During a HOBY Event and have the participant bring a doctor's note or completed Medication Verification Form for Physicians to the seminar.** By signing this form, you attest that the use of the medication will not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue. _____

Please mark the below over-the-counter medications that you approve to be administered to your child by HOBY:

- | | |
|---|---|
| <input type="checkbox"/> ibuprofen (such as Advil, Motrin) | <input type="checkbox"/> decongestant (please specify if a specific decongestant is necessary: _____) |
| <input type="checkbox"/> acetaminophen (such as Tylenol) | <input type="checkbox"/> antibiotic ointment (such as Neosporin, Polysporin, Bacitracin) |
| <input type="checkbox"/> diphenhydramine (such as Benadryl) | <input type="checkbox"/> eye drops (such as artificial tears or saline) |
| <input type="checkbox"/> naproxen (such as Aleve) | <input type="checkbox"/> Gas-X |
| <input type="checkbox"/> throat lozenges | <input type="checkbox"/> other (please specify: _____) |
| <input type="checkbox"/> Pepto Bismol | |
| <input type="checkbox"/> loperamide (such as Imodium) | |

IMMUNIZATIONS

Please list the type of illness the participant has received immunizations for:

Type of Illness:	Approximate Date(s) of Immunization:
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> DPT (Diphtheria, Pertussis, Tetanus)	
<input type="checkbox"/> Tetanus booster (Please indicate date of last booster)	
<input type="checkbox"/> Hib (Haemophilus influenzae type B)	
<input type="checkbox"/> Polio	
<input type="checkbox"/> MMR (Measels, Mumps, Rubella)	
<input type="checkbox"/> Chicken pox (Varicella)	
<input type="checkbox"/> Influenza (Flu shot)	
<input type="checkbox"/> Pneumonia (Pneumococcal)	
<input type="checkbox"/> Meningitis (Meningococcal)	
<input type="checkbox"/> Smallpox	
<input type="checkbox"/> Typhoid	

I verify that all information provided in this Medical History Records Form is complete and accurate.

I hereby give my permission to HOBY to store the above prescription medication listed to my child. I understand and have discussed with my child that it is the responsibility of my child to take the medication as directed by his or her physician while at a HOBY event. I also give permission for HOBY to administer over-the-counter medications that I have approved above that may be necessary to treat minor conditions. I understand that if HOBY deems necessary, they will take my child to a hospital or other medical facility for more intensive treatment. I understand that all HOBY staff, volunteers and HOBY, as an organization, are not liable for any adverse affects that may occur due to this medication and they are not liable in the possibility that a child misses a prescribed dose or in the event the medication is administered incorrectly. I also state that all the above information is complete and accurate and any misapplication of medication due to inaccurate, incomplete, or unreadable information is not the responsibility of HOBY. I also understand that the HOBY staff, volunteers and HOBY, as an organization, are not responsible if my child fails to present themselves at the announced places/times to take the above specified medication.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____



Please return this form by April 20, 2011 to:
Melinda Bertling, Vice-Chair of Operations
11 North Church Road
Newark, DE 19711

Medication Verification Form for Physicians

(Please type or print legibly)

(This form is to be completed by the participant's prescribing physician. If the participant has more than one prescribing physician, then each physician will need to complete a form. Please type or print legibly.)

1. Name of Participant/Patient: _____
2. Prescribing Physician Name: _____
3. Prescribing Physician Medical License Number and State where licensed: _____
4. Please complete the chart below for the medications which you have prescribed to the participant.

Name of Medication	Type of Medication	Condition for Treatment	Dosage	Frequency

5. Please affix physician's business card or voided prescription in the space below.

As the prescribing physician, I attest that the use of the medications prescribed by me, and taken as directed as listed above, should not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

Signature of Prescribing Physician: _____ Date: _____



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Health Insurance Form

Return this form by April 20, 2011 to:

**Melinda Bertling, Vice-Chair of Operations
11 North Church Road
Newark, DE 19711**

(Please type or print legibly)

1. Name of Participant: _____
2. Health insurance plan name: _____
3. Health insurance plan number: _____
4. Health insurance group number: _____
5. Check here if participant is not covered by a health insurance plan.
6. Name of parent or legal guardian: _____
Last First
7. Emergency contact telephone number: _____
(Area Code)

Signature of Parent/Legal Guardian: _____ **Date:** _____



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Consent & Acknowledgement of Risk Form

Return this form by April 20, 2011 to:

**Melinda Bertling, Vice-Chair of Operations
11 North Church Road
Newark, DE 19711**

(Please type or print legibly)

Participant's Name: _____

Event/Activities: Central Pennsylvania Youth Leadership Seminar

Dates: May 19 through May 22, 2011 Location: Millersville University, Millersville, PA

IN CONSIDERATION of the right to attend and participate in the Activities described above, the Participant (and, if the Participant is a minor, his or her parent or legal guardian) hereby:

- 1) Agrees to abide by all rules and regulations established by Hugh O'Brian Youth Leadership (HOBY);
- 2) Authorizes HOBY or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
- 3) Grants to HOBY for any purpose connected with promoting the purposes and goals of HOBY, but not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings of the Participant while he or she is participating in the Activities, and any biographical information submitted by the Participant to HOBY, and to use, reproduce, publish, and distribute the same;
- 4) Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the Activities; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds HOBY harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys' fees incurred or suffered by HOBY as a result of, or arising out of, the Participant's negligence or misconduct;
- 5) Agrees to immediately advise in writing the person in charge of the HOBY event and/or HOBY International of any injury, illness, or loss that occurs to the Participant during the event;
- 6) This Consent and Acknowledgment of Risk shall not be amended, supplemented, or abrogated without the written consent of HOBY's International Office in Los Angeles, California;
- 7) The Participant (and, if the participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgement of Risk, and understands its contents.

Signature of Participant: _____ **Date:** _____

IF PARTICIPANT IS A MINOR, SIGNATURE OF HIS OR HER PARENT/LEGAL GUARDIAN IS REQUIRED:

Name of Parent/Legal Guardian: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Signature of Parent/Legal Guardian: _____ **Date:** _____



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Notice of Privacy Practices

**Return this form by April 20, 2011 to:
Melinda Bertling, Vice-Chair of Operations
11 North Church Road
Newark, DE 19711**

WE PROVIDE THIS NOTICE TO DESCRIBE HOW MEDICAL INFORMATION ABOUT YOUR CHILD OR DEPENDENT MAY BE USED AND DISCLOSED. PLEASE REVIEW THE BELOW INFORMATION CAREFULLY AND IF YOU AGREE, PLEASE EXECUTE THE ATTACHED AUTHORIZATION.

We understand the importance of privacy and are committed to maintaining the confidentiality of your child or dependent's medical information. We may preserve the medical disclosure information ("medical information") concerning your child or dependent provided by you to HOBY for up to seven years. We use and retain these records to provide or enable health care providers to provide quality medical care to your child or dependent in the event of an emergency. This notice describes how we may use and disclose your child or dependent's medical information. It also describes your rights, the rights of your child or dependent, and our legal obligations with respect to your child or dependent's medical information.

A. How HOBY May Use Or Disclose Your Child Or Dependent's Medical Information

HOBY collects health information about your minor child or dependent and stores it in a file and on a computer. These files are the property of HOBY, but the information belongs to you and your child or dependent. The law permits us to use or disclose your child or dependent's medical information for the following purposes:

1. Treatment. In the event of an emergency, we will provide medical information about your child or dependent to the appropriate health care provider to provide for the medical care of your child or dependent. We may also disclose medical information to members of your family or others who can help your child or dependent if you are not available.
2. Awareness. We may also provide medical information about your child or dependent to HOBY employees and/or volunteers to the extent necessary.
3. Alumni Activities. We may provide medical information about your child or dependent to HOBY employees and/or volunteers in connection with alumni activities or events in which your child or dependent may be a participant.
4. Limited Disclosure. We will limit the use and disclose of medical information about your child or dependent as detailed below.

B. When HOBY May Not Use Or Disclose Medical Information

Except as described in this Notice of Privacy Practices, HOBY will not use or disclose health information which identifies your child or dependent without your written authorization.

C. Your Health Information Rights

1. Request for Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by way of a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision.
2. Copy of Notice. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact Hugh O'Brian Youth Leadership at 818-851-3980.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received.

E. Questions or Complaints

Questions or complaints about this Notice of Privacy or how HOBY maintains the medical information of your child or dependent should be directed to Hugh O'Brian Youth Leadership at 818-851-3980.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of the Notice of Privacy Practices.

Signature of Parent/Legal Guardian: _____ Date: _____

Name of Participant: _____



Hugh O'Brian Youth Leadership
 Central Pennsylvania Leadership Seminar
 "Empowering Young People to Excel as Leaders"
 P.O. Box 20129, York, PA 17402
 www.centralpahoby.org

Offsite Selection Form

Return this form by April 20, 2011 to:

Melinda Bertling, Vice-Chair of Operations
11 North Church Road
Newark, DE 19711

Dear Ambassador,

This May, as part of the HOBY Leadership Seminar, you will attend one of six career-related work sessions. These sessions will be held "off site" and are designed to familiarize you with the career opportunities available within each of these fields. You will also be volunteering at a local charity. To make sure this experience is valuable to you, we'd like you to select your preferences of the following "off sites" below. Please indicate which off-sites you would be most interested in visiting by ranking them first (1), second (2), and third (3), etc...

Please print legibly

Name: _____ **Group#:** _____

School: _____

- _____ **Lancaster General Hospital** – The Medical Professions and the Business of Medicine.
<http://lancastergeneral.org/content/>
AND: THE YWCA: Spring cleaning!
- _____ **Deer Country** - The Business of Agriculture and Commerce behind the scenes at a John Deere dealership. <http://deercountry.net/>
AND: GAIN: (Global Aid Network) Help to cloth and feed the poor around the world.
<http://www.gainusa.org/>
- _____ **The Fulton Opera House:** Theater operations and workshop. <http://www.thefulton.org/>
AND: Sertoma Chicken BBQ: Help out at the World's Largest Chicken BBQ
<http://lancastersertomabbq.com/>
- _____ **The Phillips Group** - A local family-owned source for Office Supplies, Furniture, and Document Management. <http://www.buyphillips.com/index.html>
AND: Masonic Village: Make a retiree's day! <http://www.masonicvillagespa.org/>
- _____ **Brubaker Farm** - Talk about Green Energy, this place is ELECTRIC! More than just cows!
http://www.drinksmediawire.com/afficher_cdp.asp?id=7693&lng=2
AND: GAIN: (Global Aid Network) Help to cloth and feed the poor around the world.
<http://www.gainusa.org/>
- _____ **Fred F. Groff Funeral Home:** - Smaller family business, the Business of Funerals.
AND: THE YWCA: Spring cleaning!

All placements will be on a first come, first served basis, get your forms submitted early!

If you do not return this form with your other forms, your session will be assigned to you. Thank you for your cooperation. We are looking forward to seeing you at the seminar!

Sincerely,

Chris Shelly
 Director of Off Sites
 C: 717-599-6225

Ashley Miller
 Vice Chair, Program



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Dear HOBY Parent:

Congratulations on your child's selection as an ambassador to Hugh O'Brian Youth Leadership (HOBY) Seminar. We know you share a sense of pride in having your child represent his or her high school at this year's Central Pennsylvania Leadership Seminar. As HOBY alumni your child has many opportunities available to them. We have planned programs for you to help introduce you to HOBY and show you the vast opportunities your child now has available.

On Sunday May 22, 2011 the **HOBY Parent's Presentation** will be held at 12:15 noon in Pucillo Gymnasium. During this informative session you will learn what exactly HOBY is, and some of the ways your child will benefit from their HOBY experience. Topics covered will include HOBY scholarships, College Options Foundation, Civic Organization information, Alumni organization events, and future involvement in HOBY. Speakers will include recent HOBY alumni, our Alumni Advisor, and our Corporate Board of Trustees President. We will allow plenty of time for your questions and comments during and following the presentation.

Following the Parent's Presentation our **Closing Ceremonies** will begin promptly at 1:30 PM held again in Pucillo Gymnasium. We ask that you be in the Gymnasium by 1:00 PM for seating. Due to ongoing events you will not be able to sit with your child, they will be seated with their HOBY group. The closing will conclude at 3:00 PM and afterwards you may pick up your child and proceed to the dorms for check out.

For those interested we will be offering a Family **Buffet Brunch** held in Gordinier – Upper Deck. The Brunch will be held on Sunday, May 22, 2011 from 10:30 AM-12:00 noon. Cost is \$12.00 for adults and \$ 8.00 for children ages 5-12, free under age 5. Please complete the form below if interested in attending that brunch.

We look forward to meeting you and thank you for giving us the opportunity to work with your OUSTANDING child. Please do not hesitate to contact us if you have any questions.

In HOBY,

Melinda Bertling

Melinda Bertling
 Vice Chair of Operations
 (302) 983-4784

Sara Sweger

Sara Sweger
 Alumni Advisor
 (717) 917-0722

Registration Form for HOBY Family Buffet Brunch on May 22, 2011, 10:30-11:30 AM
Cost \$12.00 (adult), \$ 8.00 (child age 5-12), free under age 5
Please make checks payable to "Central PA Leadership Seminar"

Names Attending _____

Number attending: Adult _____ Child _____ Under 5 _____

Check amount enclosed _____

Home Telephone _____

HOBY Ambassador's Name and High School _____

Please return registration form by April 20, 2011 to:

**Melinda Bertling
 Vice-Chair of Operations
 11 North Church Road
 Newark, DE 19711**



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LEADERSHIP FOR SERVICE

Hello HOBY Ambassadors!

Part of being a leader involves giving to others. This year we are collecting CarePacks for the Global Aid Network (GAIN) to be given to orphans and needy children overseas. During the seminar, a group of HOBY ambassadors will be volunteering at GAIN assembling CarePacks. All ambassadors who are able to donate should bring the following to the seminar in a 1 or 2-gallon Ziploc bag:

- ✓ 2 pencils
- ✓ 2 ball point pens (blue or black)
- ✓ 1 pack colored pencils (12-24 count)
- ✓ 1 pack crayons (24 count)
- ✓ 1 letter-size spiral notebook (70 pg. min)
- ✓ 1 12-inch ruler (with metric scale)
- ✓ 1 eraser
- ✓ 1 small pencil sharpener
- ✓ 1 sheet or page of colorful stickers
- ✓ 1 toothbrush (in original package)



ALSO!!!!



We also need you to start collecting the tabs from the top of soda cans; ask all your friends for help, and bring as many as you can with you to the seminar. (Mark your containers with your name and Group #) This is our third annual recycling project this year, and the group who brings the most can tabs with them will win a special prize!! The last two years set the bar really high! We collected over 289,000 TABS EACH YEAR! With your help we can do it again! Don't be left out!

All of these items will be collected at the registration table when you arrive at the seminar.

Sincerely,

Central PA Leadership Seminar



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HOBY Ambassador – mail this form (completed) to your local newspaper or weekly publication.

For Immediate Release
 Date: _____

Contact: Andrew Miller
 (717) 892-2718

**AREA SOPHOMORE SELECTED TO ATTEND
 NATIONAL LEADERSHIP PROGRAM**

Millersville, PA - _____ has been selected to join 245 leaders
 (name)
 representing many high schools from throughout central and northeast Pennsylvania at the Central Pennsylvania
 Hugh O’Brian Youth Leadership Seminar (HOBY) from May 19-22, 2011 at Millersville University.

Representing _____,
 (school name) (town/city)
 is the _____ of _____ of _____.
 (son/daughter) (parents’ name) (hometown)

For the past 53 years, HOBY Leadership Seminars have brought together select groups of high school
 sophomores to interact with groups of distinguished leaders in business, government, and education to discuss
 present and future issues in an enthusiastic learning environment.

HOBY was established by the veteran actor Hugh O’Brian following a visit to Africa where he was
 inspired by a meeting with Dr. Albert Schweitzer. Says O’Brian, “HOBY’s goal is to seek out, recognize, and
 develop outstanding leadership potential among our nation’s youth.”

Further information about HOBY activities and sponsorship opportunities is available by visiting HOBY
www.hoby.org or www.centralpahoby.org.



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HOBY Seminar Packing List

Dear Ambassador,

The following packing list is a guideline to help you pack for a successful weekend at the HOBY seminar. Since we are using dorm rooms at Millersville University, some items are required for a comfortable stay during the four day seminar.

Required Items:

- _____ Twin Sheets or Sleeping bag/ Blanket
- _____ Pillow
- _____ Bath Towel/ Wash Cloth
- _____ Bath/Shower/Toiletry items (soap, toothbrush/paste, shampoo, etc.)
- _____ "Cover-ups" for travel to and from bathroom
- _____ Shower shoes/flip-flops (bathrooms are dorm style "down the hallway")
- _____ Alarm Clock (optional, as wake-up calls are performed)

Clothing:

- _____ Thursday – Business Casual
- _____ Friday (day) – at State Capitol - Business Attire, suggested coats and ties for males, business attire for females (note, floors are cobblestone at the Capitol, low heel shoes are recommended)
- _____ Friday (evening) – casual - dinner, sessions and dance
- _____ Saturday (day) – Jeans, sneakers, HOBY issued T-shirt
- _____ Saturday (evening) – casual – session, talent show
- _____ Sunday – Business Casual

The following attire is not permitted at any time: strapless/tube tops, tops with spaghetti straps, tank tops, bare midriffs, exposure of undergarments, short shorts, mini skirts, excessively tight clothing, clothing with profane or offensive language or graphics, torn clothing, and clothing with holes (safety issue with off-sites).

Additional items to consider:

- _____ Talent Show – your props if needed, piano and microphone will be provided.
- _____ Jacket/Rainwear – we move between buildings frequently
- _____ Small umbrella
- _____ Money – There will be a HOBY store of clothing/miscellaneous items plus the opportunity to purchase group photos and a Capitol picture

Items NOT NEEDED – Do Not Bring

- _____ Homework (no time for it!!)
- _____ Ipods, miscellaneous electronic gear
- _____ Laptops (each ambassador is issued a room key and responsibility lies with the individual regarding personal items of value) – just like homework – No time for it!!



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HOBY AMBASSADOR RULES AND REGULATIONS

So that this seminar may be conducted as smoothly and efficiently as possible, we ask that you observe the following rules. Any participant who does not abide by these rules and regulations will be dismissed from further participation. Your parents will be notified immediately of any violation of the Rules and Regulations, and they will be instructed to have you removed from the facility. Your school will also be notified of your dismissal from the program.

1. **YOU MUST MAKE A COMMITMENT TO STAY FOR THE ENTIRE SEMINAR, INCLUDING OVERNIGHT.** If you have a scheduling problem, we strongly suggest offering the weekend to your school's alternate.
2. You are expected to be on time for all seminar functions and attend all scheduled activities, including meals.
3. You must wear your HOBY nametag at all seminar functions.
4. No outside guests are allowed in or around the seminar facility except for closing ceremonies.
5. You must stay within your assigned group during sessions. If you must leave a session, gain permission from your group facilitator and wait for an adult staff member to escort you. No ambassador is to leave the facility except for scheduled seminar events.
6. Room visitation by members of the opposite sex is not permitted.
7. No smoking, no drinking of alcoholic beverages and no unauthorized drug use is permitted.
8. No weapons, including but not limited to guns, knives (including pocket knives), pepper spray, mace, and similar items.
9. Any ambassador who has a medical problem that requires special care, treatment or medication must inform his or her group facilitator.
10. In case of emergency, contact your group facilitator or come directly to the Operations Room. There are chaperones and facilitators available 24 hours a day and they can be contacted at any time.
11. Lock your room door at all times, whether you are in it or not. Notify the security staff on-duty immediately if you need assistance.
12. Use the "Buddy System" when moving throughout the facility without your facilitator.
13. Ambassadors are not permitted to use the telephone in their rooms for outside calls. For all outside calls, use public pay phones in the hotel/dorm lobby.
14. Payment for any extra charges billed to a room (i.e., lost keys, lost towels, movies, room service, etc.) will be the responsibility of all ambassadors assigned to that room.
15. Ambassadors are not allowed to make room changes. You must be in your assigned room at the announced curfew and must remain in such until the start of activities the next morning.
16. You must observe the morning wake up call, which will be one hour prior to the first scheduled activity each day.
17. Respect the rights of other facility guests and enter only those rooms and floors in which seminar-related activities are being held. Keep noise to a minimum.
18. Refrain from entering the Operations Room, except in case of an emergency.
19. Personal electronic/communication devices (iPods, MP3 players, Cell phones, handheld video games, laptop computers, iPads, etc.) are not allowed to be used during scheduled seminar functions. HOBY strongly discourages participants from bringing these devices to the seminar, if you do bring these items to the seminar; they are your sole responsibility.
20. The following attire is not permitted at any time: strapless/tube tops, tops with spaghetti straps, tank tops, bare midriffs, exposure of undergarments, short shorts, mini skirts, excessively tight clothing, clothing with profane or offensive language or graphics, torn clothing, and clothing with holes.
21. Conduct yourself with the highest level of decorum, morals, ethics, and conduct appropriate for a chosen representative of your school.



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Answers to Commonly Asked Questions

Where will the seminar be held? The seminar will take place at Millersville University in Millersville, PA.

When will the seminar be held?

Seminar participants may check-in any time after 9:00 a.m. but before 10:30 on Thursday, May 19, 2011. The Central Pennsylvania Leadership Seminar will begin with orientation on May 19 at 10:30 a.m. and conclude on Sunday, May 22 at 3:00 p.m. **You must be present for the entire weekend seminar, including overnight.**

Where should I go when I arrive?

Registration will be set up **in the Gordinier Anchor Lobby, located off George Street (map available later on in this PDF packet).** A HOBY volunteer committee member will greet you and check you in.

What kind of program is planned? During your HOBY Leadership Seminar, many dynamic leaders—all volunteers from the fields of business, education, government, and other professions—will address aspects of our changing world and the challenges future leaders will confront. The program will not promote any specific political party, religion, or way of thinking; but is designed to develop thinking skills by actively involving participants in discussions and informal debate. During the seminar, you will be asked to undertake a community service project(s) involving at least 100 hours during the year following your seminar, to make a difference in your school, community, place of worship, or other environment where you see a need. The program also includes outstanding speakers, leadership building activities, social events, and a special closing ceremony to which your parents are invited.

What are the accommodations like? Participants will be assigned to dorm rooms with two participants per room on floors reserved exclusively for the seminar. **Please bring your own toiletries, towels, sheets and pillow.** Everyone will receive nutritious breakfasts, lunches, and dinners. On the Medical History Records Form, please indicate any special dietary considerations including vegetarianism and we will do our best to accommodate you.

What if I need to take medication while I am at the seminar? Please provide information about your medication on the Medical History Records Form and the Medication Verification Form for Physicians (documents are included in this packet). Make sure to read and comply with the Policy for Use of Medication During a HOBY Event.

How can I contact my Son/Daughter at the seminar? Parents, friends, and family members are discouraged from calling students during the seminar due to the confusion created when meetings are interrupted. In case of emergency, your parent(s) or guardian may call Andrew Miller, Leadership Seminar Chairperson, at 717-892-2718. A phone number to HOBY Headquarters will be provided at check-in. The seminar will be chaperoned by qualified male and female adults who will be staying at the facility 24 hours a day.



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Answers to Commonly Asked Questions (Continued)

Who pays for the seminar? All costs above the registration fee for meals, lodging and training materials have been generously provided by sponsors throughout our state, including businesses, foundations, individuals, and service organizations wishing to support leadership education.

What should I wear at the seminar?

The dress code for the weekend is business-casual clothing, so please arrive appropriately dressed. This means skirts, dress pants and appropriate shoes for the females and shirt, slacks and ties for the males. On Friday, you will be spending the day at our state Capitol. Coats and ties for males and business dress for females are encouraged. Friday night and Saturday night will be casual dress. Saturday, you will need jeans and sneakers to wear with your HOBY-provided tee shirt. At no time are bare midriffs, offensive clothing, and spaghetti straps or flip-flops appropriate attire.

What about religious services?

On Sunday morning, an optional Non-Denominational Service and Catholic Mass are offered.

What transportation arrangements have been made?

You are responsible for your transportation to and from the seminar. Please include all details of your itinerary on the enclosed Participation Confirmation Form. If you have transportation problems, please notify Patty Glasser at 717-872-7581.

What if I am unable to attend the seminar?

If circumstances arise that prevent you from attending the entire seminar, including overnight, we would like to give another student the opportunity to attend. Please return these forms to the person at your school who selected you, and follow up with a call to Patty Glasser at 717-872-7581 ASAP so that we may adjust our records and obtain an alternate student from your school to attend the seminar.

Who may I contact should I have additional questions?

Additional questions or concerns should be directed to Patty Glasser, Vice-Chair of Ambassador Relations, at 717-872-7581 or patty.glasser@centralpahoby.org.

What action should I take now?

With your parent or guardian, carefully review, complete and sign the forms listed on the website – www.centralpahoby.org – under **Ambassadors** and return to **Melinda Bertling, Vice-Chair of Operations, 11 North Church Road, Newark, DE 19711** by **April 20, 2011**. Questions to Melinda can be e-mailed to Melinda.bertling@centralpahoby.org or call her at 302-983-4784.

What's in "STORE" for you at the HOBY Seminar?



You can be sporting
the latest in HOBY gear
when you visit the
Central PA
HOBY Store!

Visit the HOBY Store at the seminar
(open during check-in, check-out and several times a day) to
purchase your HOBY merchandise!

Attention Parents

HOBY has partnered with College Options Foundation (www.collegeoptions.net) to make “*The Total College Solution*” DVD Program available at the Central Pennsylvania HOBY Leadership Seminar for parents, ambassadors, and alumni.

The DVD program covers the following topics:

- The Complete Guide to College Financing & Admissions
- The Successful Student Guide to the SAT-ACT eBooks
- Understanding Athletic Recruiting
- Student Planning Guide
- Zero Hour Threat I and II



This DVD Program takes students and parents through the entire college selection, admissions, and financing process and includes amazing resources to help college-bound students in this often confusing and trying process.

The DVD will be available at the Parent's Seminar / Closing Ceremony on Sunday afternoon for \$20 – OR – use the attached pre-order form and you'll be able to pick up your copy after closing ceremonies.

*There will only be a limited supply of these CD's – so pre-orders are encouraged as **THEY WILL SELL OUT!***

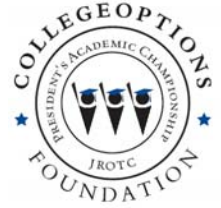
Payment can be made via check, (payable to Central PA HOBY) or cash.

Each DVD sold helps support the Central PA HOBY seminar and HOBY International.

Here's what a parent of a HOBY Ambassador had to say about the DVD program:

Dear Terry,
I wanted to send you this note to thank you for the wonderful programs we received at HOBY. I cannot believe how much time the DVD will save us in the college search, and I have only just reviewed them! I know the potential must be HUGE, since I have only spent a short amount of time reviewing them, and already have a better plan!! I am amazed at how this program will help in taking the test. My daughter is bound to do better on her scores with this valuable information. Again, I would like to thank you for the awesome opportunity to save so much money in our college expenses, not to mention the time saved as well!

Sincerely,
Marybeth Milton



The Total College Solution

Order Form

This DVD Program takes students and parents through the entire college selection, admissions, and financing process and includes amazing resources to help college-bound students in this often confusing and trying process. Along with the Complete Guide to College Financing and Admissions, you'll also receive Zero Hour Threat, the SAT Prep Game CD.

The DVD program is available to HOBY Ambassadors, Parents and Alumni for a limited time at the discounted Central PA HOBY rate of \$20.

You can pick up your pre-ordered DVD at closing ceremony / parent's program.

Please print or type

Ambassador Name: _____

High School Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

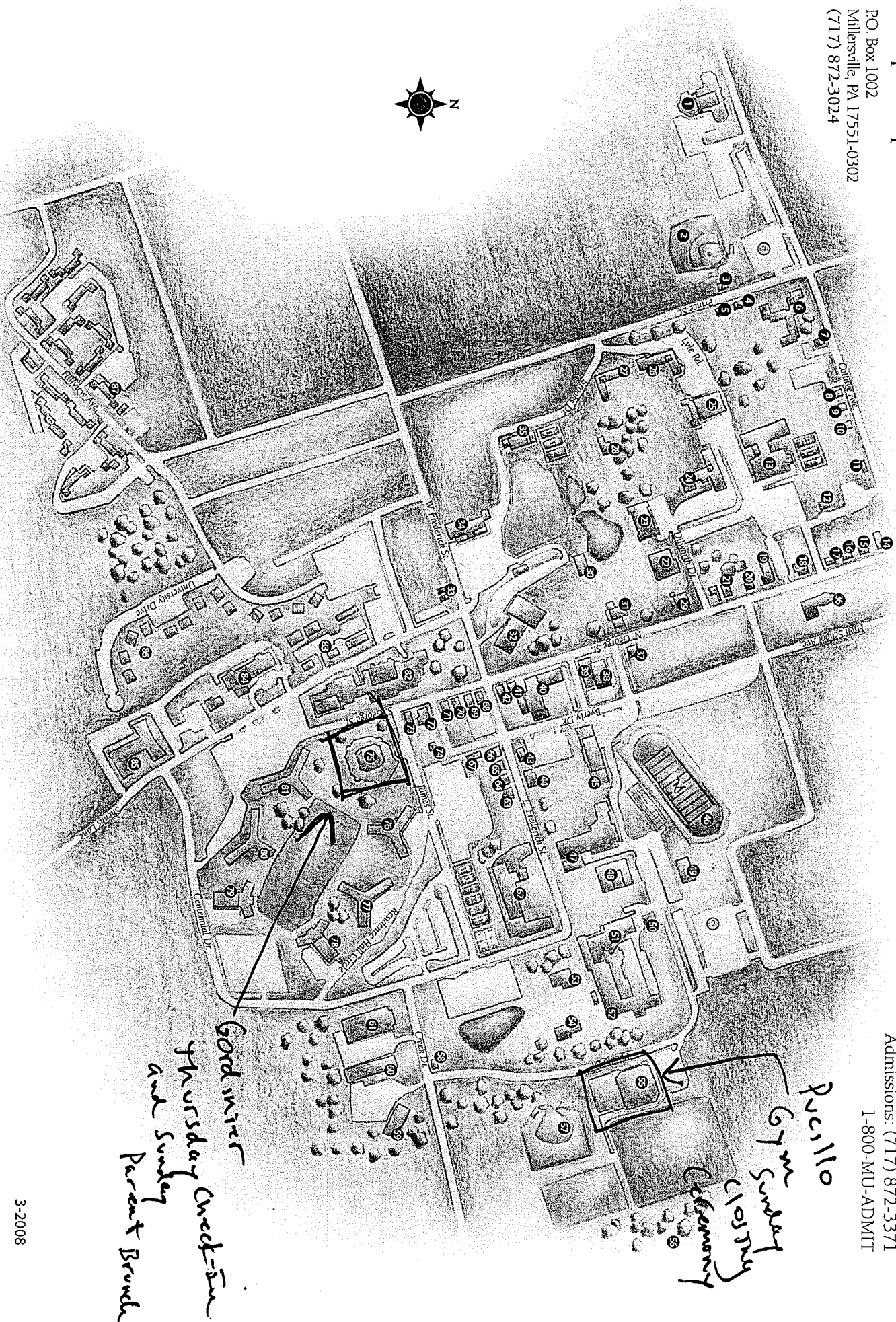
**If you choose to pre-order, please
return this order form
with Payment by
May 1, 2011 to:**

Central PA HOBY Seminar
Attn: College Options Pre-Order
PO Box 20129
York, PA 17402

Millersville University of Pennsylvania
Campus Map

P.O. Box 1002
Millersville, PA 17551-0302
(717) 872-3024

www.millersville.edu
(717) 872-3024
Admissions: (717) 872-3371
1-800-MU-ADMIT



Academic Facilities

- 42 Adams House
- 65 Allegheny House
- 64 Armstrong House
- 40 Bassler Hall**
- 71 Bedford House
- 15 Berks House
- 48 Breidenstine Hall
- 54 Brossman Hall *
- 45 Byerly Hall
- 74 Cambria House
- 51 Caputo Hall*
- 38 Chryst Hall
- 18 Columbia House
- 68 Cumberland House
- 66 Dauphin House
- 30 Dutcher Hall
- 41 Franklin House
- 70 Fulton House
- 32 Ganser Library
- 44 Gethart Hall
- 40 Hash Building**
- 69 Huntingdon House
- 8 Lancaster House
- 67 Luzerne Building
- 25 Lyre Auditorium in Alumni Hall
- 62 McComsey Hall
- 9 Mercer House
- 4 Mifflin House
- 16 Newman House
- 53 Nichols House
- 10 Northampton House
- 3 Northumberland House
- 47 Osburn Hall
- 43 Perry House
- 12 Pike House
- 5 Potter House
- 52 Roddy Hall
- 11 Schuylkill House
- 17 Somerset House
- 13 Sayer Hall
- 63 Susquehanna House
- 23 Wickersham Hall
- 7 York House

* Argives Science Complex
 ** McCollough Communications Complex

Administrative Buildings

- 60 Bishop Service Building
- 34 Boyer Building
- 31 Biemesderfer Center
- 37 Delaware House
- 22 Dilworth Building
- 19 Duncan Alumni House
- 14 Lebanon House
- 24 Lyle Hall
- 59 Montgomery House
- 61 Palmer Building

Athletics Facilities

- 50 Athletic Annex
- 2 Baseball Stadium
- 46 Biemesderfer Stadium and Chryst Field
- 58 Blair House
- 35 Brooks Hall
- 21 Chester House
- 49 Carpenter-Troun Athletic Training Facility

Residence Halls/ Housing

- 27 Bard Hall
- 87 Brookwood Apartments
- 79 Burrowes Hall
- 80 Diehm Hall
- 81 Harbold Hall
- 86 Healthy Lifestyles Apartments
- 83 Healthy Living Apartments
- 77 Hobbs Hall
- 76 Hall Hall - **Men Dorm**
- 6 Garge Hall
- 26 Gilbert Hall
- 78 Lenhardt Hall - **Women Dorm**
- 84 Reighard Hall
- 85 Shenks Hall

Other Facilities

- 29 First United Methodist Church
- 36 St Paul's Lutheran Church
- 75 Gordinier Hall & Bolger Conference Center
- 20 Juniata House
- 72 Montour House
- 33 Philadelphia House
- 82 Student Memorial Center
- 28 Tanager House
- 73 Washington House
- 39 Witmer Health Services

Closing Ceremonies
 →

Parent Program on Sunday

75 Check in and Registration

Sunday Parent Breakfast

Parking Garages

- G1 Prince Street Garage
- G2 Pucillo Garage