

2025 California All State Convention
Life * Learning * Friendship
“Our Superpowers”
May 2-4, 2025

(PLEASE PRINT OR TYPE CLEARLY)

Last Name:	First Name:	Middle Initial:
Preferred Name for Badge:	Birthday: (Month/Day)	
Address:		
City:	State:	Zip:
Phone (Home or Cell)	Email:	
Emergency Contact:	Phone: (Home or Cell)	
Chapter Name:	Degree Held:	
Online Chapter Name:	Year Joined Sorority:	

CALIFORNIA STATE AREA COUNCIL *(circle one):*

SCC FNCC PCC MCC NCC OCC CCC CRCC Independent Other

CA State Area President: (Year)	Past CA Convention Chairman: (Year)
International Award of Distinction Recipient: Y N (Year)	

HONORS RECEIVED DURING THE 2024-2025 SORORITY YEAR *(please circle if applicable)*

Attending my first convention: Y N	Chapter Officer: Y N (office held)		
Chapter Sweetheart: Y N	Chapter Woman of the Year: Y N		
Order of the Rose: Y N	Silver Circle: Y N	Golden Circle: Y N	Diamond Circle: Y N

SPECIAL CONSIDERATIONS

I require special considerations due to a physical handicap *(please circle)*:

Sight Hearing Walker/Cane Wheelchair Service Animal Other

Please list any **specific food allergies** that you have:

(While we cannot guarantee that every event can accommodate your special considerations, we will do our best to make modifications for you as best as we can.)

*I acknowledge that the 2025 All State Convention Board has deadlines to meet. Consequently, special considerations will **NOT** be given to registrations received after the deadline such as, but not limited to, VIP status, physical handicapped considerations, and special allergy/diet restrictions.*

PLEASE INITIAL: _____

We will accept copies of this form.

Visit our website for more details about this year’s convention 2025caallstateconvention@gmail.com

Last Name: _____ First Name: _____ Middle Initial: _____

All events are included in total cost: (Your badge is your admission into all events and will indicate seating location. Seating will be determined by the events you mark below).

Please place an "X" if you are attending.			
X	Convention Total Cost including Registration Fee of \$80.00	\$325.00	325.00
	Friday Night President Reception 6:00-6:30pm		—
	Friday Night Recognition Dinner "Warrior Princess" 6:30pm Cocktails 7:00pm Dinner		—
	Saturday Opening "Sister Power"		—
	Saturday Lunch "Lasso Your Friendship"		—
	Saturday Night Dinner and Entertainment "Hearts of Power": 6:30pm Cocktails 7:00pm Dinner		—
	Sunday Morning Brunch and Closing "Wonder Women United"		—
	Convention Logo Pin	\$5.00	
	Convention Report	\$10.00	
	Convention Opportunity Drawing tickets (only sold as book of \$10)	\$10.00	
	Men's Registration (Includes \$25.00 Registration Fee and two (2) meals.)	\$165.00	
	If NOT staying at the Convention Hotel, a \$94.50 fee MUST be added. NOTE: SCC MEMBERS ARE EXEMPT FROM THIS FEE	\$94.50	
	Less Shares (yes, my shares are attached to this form)		
	Make checks payable to "SCC 2025 Convention"	Total Amount Due	

Please double-check your amounts. Incomplete or inaccurate forms will result in a delay in processing your registration and forms may be returned for correction.

If you have any unused share money, please check one box:

Put toward opportunity drawing tickets **OR** Refund money

MAIL REGISTRATION FORMS TO:

Tamara Bryson
 19410 Flowers Court, Santa Clarita, CA 91321
 Phone: 818-439-1538 Email: 2025caconventionreg@gmail.com

REGISTRATION FEES: Registration Deadline is March 20, 2025; Cancellation Deadline is April 1, 2025. \$80.00 is non-refundable if canceled before April 1, 2025. The total amount is non-refundable after April 1, 2025. Returned Check Fee is \$35.00.

HOTEL REGISTRATION:

It is your responsibility to make reservations at the convention hotel. Information about lodging and room rates are included in this packet.

I am staying at the convention hotel and my roommates are: _____
 I am NOT staying at the convention hotel. (please note you will incur a \$94.50 charge)

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Life * Learning * Friendship
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May 2-4, 2025
Men’s Registration Form
(PLEASE PRINT OR TYPE CLEARLY)

Last Name:	First Name:	Middle Initial:
Preferred Name for Badge:	Birthday: (Month/Day)	
Address:		
City:	State:	Zip:
Phone (Home or Cell)	Email:	
Emergency Contact:	Phone: (Home or Cell)	

CALIFORNIA STATE AREA COUNCIL *(circle one)*

SCC FNCC PCC MCC NCC OCC CCC CRCC Independent Other

Attending my first convention: Y N **Envoy:** Y N

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	Friday Night Recognition Dinner “Warrior Princess” 6:30pm Cocktails 7:00pm Dinner		—
	Saturday Night Dinner and Entertainment “Hearts of Power” : 6:30pm Cocktails 7:00pm Dinner		—
	Make checks payable to “SCC 2025 Convention”	Total Amount Due	

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