

# AFR Leadership Summit

## 2024 REGISTRATION FORM

### SELECT SESSION:

Junior Session:

July 19–21, 2024

Grades 7th and 8th

Teen Session:

July 21–23, 2024

Grades 9th and 10th

Senior Session:

July 24–27, 2024

Grades 11th and 12th

SELECT SHIRT SIZE: (Adult sizes) S M L XL 2XL

STUDENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_

COUNTY: \_\_\_\_\_ 4-H/FFA CHAPTER: \_\_\_\_\_

STUDENT'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENTS: \_\_\_\_\_

PARENT PHONE #: \_\_\_\_\_ STUDENT PHONE #: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_ STUDENT EMAIL: \_\_\_\_\_

ARE YOU OR YOUR PARENT CURRENTLY AN AFR/OFU MEMBER? Y N

NAME ON MEMBERSHIP: \_\_\_\_\_

ARE YOU OR YOUR PARENT CURRENTLY AN AFR INSURANCE POLICYHOLDER? Y N

NAME ON POLICY: \_\_\_\_\_

TYPE OF POLICY: FARM AUTO HOME LIFE

AFR INSURANCE AGENT: \_\_\_\_\_

**Junior Session: \$125 | Teen Session: \$125 | Senior Session: \$160**

Make check payable to: AFR

**Non-Members: Include a SEPARATE check for \$50 & membership form for annual membership dues.  
ONE PER FAMILY**

A completed registration form and full payment is required to reserve your Leadership Summit spot.

For questions contact [afryouth@afrmic.com](mailto:afryouth@afrmic.com)



Submit Payment and Form:  
AFR Cooperative, Attn. AFR Leadership Summit,  
P.O. Box 24000, Oklahoma City, OK 73124

## 2024 LEADERSHIP SUMMIT PAYMENT

### CONTACT INFORMATION:

Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### REGISTRATION COST:

Junior Session: \$125    Number of Camper(s) \_\_\_\_\_ x \$125 = \$ \_\_\_\_\_

Teen Session: \$125    Number of Camper(s) \_\_\_\_\_ x \$125 = \$ \_\_\_\_\_

Senior Session: \$160    Number of Camper(s) \_\_\_\_\_ x \$160 = \$ \_\_\_\_\_

Non-Members: Include a SEPARATE check for \$50    = \$ \_\_\_\_\_

& membership form for annual membership dues.  
ONE PER FAMILY

**TOTAL DUE:**    \$ \_\_\_\_\_

### PAYMENT METHOD:

**Check Payable to:**  
AFR Cooperative  
PO Box 24000  
Oklahoma City, OK 73124

#### Pay by Credit Card

Credit Card Authorization (All Fields Required)

Cardholder's Name \_\_\_\_\_

Card Number \_\_\_\_\_

Address (associated with card) \_\_\_\_\_

Zip Code (associated with card) \_\_\_\_\_ Expiration Date \_\_\_\_\_

### CONTACT INFORMATION

**Email:** afryouth@afrmic.com

**Office:** (405) 218-5566

I, \_\_\_\_\_ authorize AFR to charge my credit card  
above for agreed upon purchase.

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Email ☐ Text Receipt to \_\_\_\_\_

*By signing this document, you understand the following:*

*Space is limited and available on a first come, first serve basis. Reserve space by returning a signed and completed registration with form of payment. No refunds will be given after July 12, 2024.*

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

**Please Return Completed Application & Payment Method, to:**  
AFR Cooperative, P.O. Box 24000, Oklahoma City, OK 73124