

**SCAFG Convention Alateen Packet Cover Letter**  
**48th South Carolina Al-Anon Family Groups Convention**  
**“Moving Forward”**  
**February 16-19, 2023**  
**Hilton Greenville, 45 West Orchard Park Drive, Greenville, SC 29615-3548**

We are looking forward to your participation in the annual South Carolina Al-Anon Family Groups (SCAFG) Convention. Alateen as part of the Al-Anon Family Groups participates in this annual event.

Any Alateen participating in this event must complete all the required Convention Registration Packet for Alateens. Alateen Group Sponsors/AMIAS need to review the full Registration Packet with their Alateen members. The packet is available on the SC Al-Anon Website ([al-anon-sc.org](http://al-anon-sc.org)), or obtained from your Alateen Group Sponsor(s)/AMIAS.

This packet includes the following:

- 1) 2023 Convention Registration Form (Required) pg. 1
- 2) Agreement for Alateen Participation in SC State Convention Form (Required) pg. 1-3
- 3) South Carolina Area 50 Alateen Event Participation Form (Required) pg. 4-7
- 4) South Carolina Alateen Driver Permission Form, *Addendum (1)* (If applicable) pg. 8
- 5) Alternate AMIAS Form, *Addendum (2)* (If applicable) pg. 9

**All adult Alateens (18-19 yrs.) who register as an Al-Anon are excluded from participating in any Alateen functions.**

**Travel and Lodging Plans:**

To ensure compliance with the SC Area Alateen Safety and Behavior Requirements, all arrangements which includes who is coming (AMIAS, Alateens, Parent/Guardian), lodging plans (on site or off site), and who the Alateen will be staying with (AMIAS or parent/guardian) must be determined and communicated to the Alateen Committee before February 2<sup>nd</sup>. The Convention Alateen Committee will not be responsible for making room Assignments for Alateens and AMIAS's.

**Day Participants:**

Alateens who are not participating in all the event must make prior arrangements with their Alateen Group Sponsor(s)/AMIAS and or parents & guardians by the February 2<sup>nd</sup> deadline. They must remain with their Sponsor(s)/AMIAS while attending the convention. They must complete the full required registration packet and abide by the Safety and Behavior Requirements that they agree to when completing the required forms. Parents/Guardians are responsible for making arrangements with AMIAS for their pickup.

**Parent(s)/Guardian(s):**

Parents/Guardians are responsible for picking up their Alateens no later than 30 minutes after the last event closing. Convention Program/Schedules will be provided at the Alateen Registration Table.

**For Questions or problems with the Convention Registration Packet for Alateen, contact Shawn Short, Area Alateen Coordinator (AAC) & 2023 Alateen Convention Committee Coordinator by text at 843-696-2804.**

# South Carolina Al-Anon 2023 Convention

## February 16-19, 2023

### Registration Form



Contact Information				
Full Name				
Badge Name				
District#/Homegroup				
Address				
City		State		Zip
Phone				
Email				
Member of:	Al-Anon <input type="checkbox"/>	Alateen <input type="checkbox"/>	AA <input type="checkbox"/>	Other <input type="checkbox"/>

Registration Fees	
Before 1/16/2023	\$30
After 1/16/2023	\$35
Alateen	\$5
1 Day	\$20

T-Shirts						
Preorder by: <u>January 16, 2023</u>						
Circle size wanted	S	M	L	XL	2X	3X
T-shirt # _____ @ \$20 = \$ _____						
Total Amount Enclosed \$ _____						

#### Register By Mail

- Complete one registration form per person
- All attendees must register
- Mail to: Peggy Band, 1328 Somerset Drive, Lancaster, SC 29720
- Checks Payable (Preferred payment method) to SCAFG, with 2023 SCAFG Convention in the memo part of the check

- Payment made by:
- Check     Cash     Online

- For Questions, email: [scafg2023reg@gmail.com](mailto:scafg2023reg@gmail.com)  
(803)287-5434

#### Register Online

- Go to [www.al-anon-sc.org](http://www.al-anon-sc.org)
- Or scan QR code:



#### Alateen Registration

Each Alateen must complete this convention registration form and remit a registration fee for each Alateen attending. You will need to complete an Alateen Convention Participation Packet which is available from Alateen Group Sponsors, District, and Area Alateen Coordinators or on the Area Al-Anon Member web page.

#### Hotel Reservations

**Hotel reservations may be made at:** Hilton Greenville, 45 West Orchard Dr.  
Greenville, SC 29615    864-232-4747

**Group Name:** Al-Anon SC State Convention 2023

**Group Code for Registration:** ANON

**Reserve By:** January 16, 2023

**Room Rate:** \$126 plus tax/fees/night-Double Occupancy



South Carolina Area 50 Safety and Behavioral Requirements for Alateen  
**IMPORTANT INFORMATION FOR PARENTS**  
**REGISTERING ALATEENS AT THE 2023 STATE CONVENTION**

**Agreement for Alateen Participation in SC State Convention (page 1 of 2)**

The 48<sup>th</sup> annual SC Al-Anon/Alateen State Convention provides us with new ways to apply the principles of the program so that we may enhance our personal recovery and enjoy our program fellowship. Alateens, in particular, have the opportunity to experience this during Convention by participating in:

- speaker meetings (Al-Anon, Alateen, and AA)
- open and closed Alateen discussion meetings
- workshops (Al-Anon, Alateen, and WSO)
- dining together

**Registration Process:** *The South Carolina Alateen program wants to provide the safest environment possible for the Alateens attending our State Convention. For Alateens who are not pre-registered and are attending with parents/guardians, the parents and teens will need to go to the Alateen Registration Table and complete all required Alateen forms, complete a Convention Registration Form, and submit fee. The parents/guardians will register themselves at the Convention Registration Table.*

Alateens attending with AMIAS will submit their completed forms to the AMIAS they will be traveling or attending the convention with and are encouraged to mail or submit online the Convention Registration Form with payment as soon as possible as directed on the form. Alateen and AMIAS will need to go to the Alateen Registration Table on arrival to get checked in.

All Alateen participation will require completion of the following Alateen Convention Registration Process (3 steps):

1. **Agreement for Alateen Participation in SC State Convention** (see page 2)
2. **Convention Registration Form**
3. **SC Area 50 Alateen Event Participation Form** (dated 4 Jan 2023)

**Hotel Rooms:** Some Alateens will be staying in hotel rooms with their parents/guardians at Convention. Others will be staying in hotel rooms with Group Sponsors. Information about the availability of a block of hotel rooms for Alateens attending with sponsors or parents/guardians will be provided by the Area Alateen Coordinator and the Convention Alateen Committee Chairman. When a block of dedicated rooms are available all adults bringing Alateens are encouraged to request hotel room reservations in the Alateen Room Block area. No Alateen will be permitted to stay in a room without a Parent/Guardian or same gender Sponsor also staying in the room. No exceptions will be made.

**Meals:** Food/Meal options available in the Convention Hospitality Room vary and are determined by each convention Hospitality Committee. Sometimes there are multiple food/meal options offered and sometimes there are only snacks and beverage options offered. Meal options when food/meals are not available in the Hospitality Room are as follows: Dining away from the hotel as a group (Alateens, AMIAS, and parents/guardians go out to eat together); ordering food in as a group (pizzas, fast foods, etc.); bringing food

and preparing it as a group (depends on food preparation/storage area in hotel or dedicated Alateen Meeting Room).

Alateens will need to bring money for meals if possible.

Meal plans need to include returning to convention hotel 30 minutes prior to the beginning of all speaker meetings to allow us time to do our "Best Seats in the House" fundraising.

**Questions? Send a text message to: Shawn Short, Area Alateen Coordinator (AAC) & 2022 Convention- Alateen Committee – 843-696-2804**

Contact the Area Alateen Coordinator or the Convention Alateen Committee Chairperson for details.

South Carolina Area 50 Safety and Behavioral Requirements for Alateen  
**Agreement for Alateen Participation in SC State Convention (page 2 of 2)**

**1) Alateen Age Limits:** 11 years - 19 years

- a. Young members over 19 years must register and participate as an Al-Anon.
- b. Younger members below 11 years of age who are currently attending Alateen meetings may participate in the Convention as an Alateen member upon the discretion of their Group Sponsor, provided that the Sponsor vouches for the maturity level of the Alateen and signs their forms to verify their Alateen group membership.
- c. **For group unity and safety, members in their teen years who are legally adults agree to abide by the samerequirements as minor Alateens when they attend Alateen meetings and events.**

**2) Adult(s) Responsible for Alateens:** All Alateens planning to attend Convention **must** be accompanied by and **must stay in the same room as** their Parent/Guardian or their Group Sponsor(s)/AMIAS **at all times** during the entire convention. This includes all speaker meetings, workshops, meals, scheduled Convention Alateen Free Time Activities on Friday/Saturday afternoon, and time in hotel rooms. In other words, **NO Free Roaming Alateens.**

- a. Alateens attending with their parents/guardians: Group Sponsors/AMIAS will not be assuming responsibility for your Alateens **except** during the scheduled Alateen Discussion Meetings in the Alateen Meeting Room. Meeting times are listed on the Convention Agenda provided with your registration materials. You can bring your Alateen to these meetings but will need to pick them up at the conclusion of the meeting.
- b. Parents/Guardians who choose to leave the Convention property **must** take their Alateen(s) with them.
- c. Alateens attending with Group Sponsors/AMIAS will not be allowed to leave the Convention property until the conclusion of the Convention on Sunday, with the exception as stated under Meals on page 1 of 2 and Group Meals below.

**3) Participation:**

- a. **Program meetings and activities:** All Alateens attending with their Group Sponsor/AMIAS will sit together as a group in the meeting and workshop rooms. Alateens attending with their Parent/Guardian are encouraged to sit with us, as long as their Parent/Guardian stays with them in the same room.
- b. **Group Meals:** Alateens attending with their Group Sponsor/AMIAS will eat together as a group for dinner on Friday and for Saturday lunch and dinner. Meal times will be based on the Convention Program provided with your registration materials. Alateens attending with Parent/Guardian are welcome to join us as long as their Parent/Guardian stays with them in the same room or accompanies them when dining away from the convention site.

**4) Curfew:** For **safety reasons**, Alateens accompanied by Group Sponsors/AMIAS must be **back in their hotel rooms** by **Midnight** each night. **Lights out in hotel rooms by 1:00 am or earlier.** We would like to encourage ALL Alateens to respect this time limit – even if accompanied by a parent/guardian.

**5) Violations Resulting in Dismissal from Convention/Alateen Activities:**

- a. **Inappropriate behaviors:** Violent, harmful, or destructive behavior, possession/use of weapons, possession/use of alcohol or illegal drugs, leaving the Convention property, breaking curfew, and not staying with the Group Sponsor/AMIAS or Parent/Guardian
- b. **Consequences:** Engaging in the above behaviors will be subject to an eligibility review before attendance to any future Al-Anon/Alateen Events. The review committee will consist of the AAC, the Alateen State Representative and the Alateens Group Sponsor. If attending with a Group Sponsor/AMIAS, your parents will also be contacted to come and pick you up from the Convention.

**I have read and agree to abide by this Agreement for Alateen Participation in SC State Convention.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Alateen Member Signature                      Printed Name of Alateen                      Date Signed**

I have read this Agreement for Alateen Participation in SC State Convention. I understand that, if at any point my child is requested to leave due to any violation, I will be responsible for immediately picking up my child.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Parent/Guardian Signature                      Printed Name of Parent/Guardian                      Date Signed**



**SOUTH CAROLINA AREA 50 ALATEEN EVENT PARTICIPATION FORM**

Alateen members, as part of the Al-Anon program, actively participate in both Al-Anon/Alateen and Alateen programs and events. This participation encourages growth in their own recovery and provides opportunities for fellowship with other Alateen and Al-Anon members. Although there will be some time for fun included, the primary purpose of this function is the sharing of experience, strength, and hope with other Alateens and Al-Anons in order to learn how to use the Al-Anon/Alateen program to improve their lives.

**NO ALATEEN WILL BE ALLOWED TO PARTICIPATE IN ANY EVENT/PROGRAM OR BE PROVIDED WITH TRANSPORTATION WITHOUT COMPLETION OF THIS FORM.**

**ALATEEN AMIAS/SPONSORS:** Al-Anon Members In Alateen Service (AMIAS) will complete the Event Information Section, and forward to guardian. Once completed, they will keep the original signed copy of this form in their possession for the duration of the time the Alateen member is in their charge.

**PARENT(S)/GUARDIAN(S):** Please read, complete, and sign this form. Make a copy to keep for your records. The original copy must be submitted to the Alateen AMIAS/Sponsor.

**ALATEENS:** After completing signatures, please return this completed form to your Alateen AMIAS/Sponsor.

**INFORMATION AND PERMISSION FORM**

*NOTE: This Form must be filled out in its ENTIRETY in order for the Alateen Member to participate.*

**EVENT INFORMATION**

Name of Event:  Dates:

Location of Event:

Physical Address:

City: , State/ Zip Code:

Phone Number of Location: ( )

Date & Time & Place of Departure:

Date & Time & Place of Return:

**ALATEEN MEMBER'S INFORMATION**

First and Last Name:

Address:

City: , State/ Zip Code:

Home or Cell Phone (Mark which) ( )

Date of Birth:

**PRIMARY AMIAS/SPONSOR/ESCORT INFORMATION (or see Driver Exception Addendum)**

First and Last Name:

Address:

City: , State/ Zip Code:

Cell Phone Number: ( )

Mode of Transportation :   
*(include make, model, year of vehicle & license plate number and state issued whenever possible)*

**(If additional AMIAS/Sponsors are needed, they must attach the above information to this form.)**

AMIAS Initial \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_

Alateen Initial \_\_\_\_\_

**CUSTODIAL PARENT/GUARDIAN INFORMATION**

First and Last Name & Relationship   
Physical Address:   
City: , State/ Zip Code:   
Cell Phone or Home (Mark which) (  )  Work: (  )   
During this event, I can be reached at: (  )

**NEAREST RELATIVE NOT LIVING WITH THE ALATEEN MEMBER OR PARENT/GUARDIAN**

First, Last Name & Relationship:   
Physical Address:   
City: , State/ Zip Code:   
Home or Cell Phone (Mark which) (  )  Work: (  )

**GUARDIAN PERMISSION**

I hereby give (Alateen member name)  my permission to attend the events/programs written in the Event Information Section of this form. I fully understand that they will be traveling to and from this event/program and attending at their own risk. **I further hold harmless the events/programs attended by my child, South Carolina-Area 50 Al-Anon, any South Carolina-Area 50 AMIAS/SPONSORS, and/or the Alateen AMIAS/Sponsor should any harm come to my child as a result of his/her participation in these programs/events or in the procurement of medical treatment.**

\*\* \_\_\_\_\_ /  /   
(Parent/Guardian Signature) (Print Name) (Date Signed)

**PERMISSION TO PARTICIPATE IN WATER SPORTS/ACTIVITIES:**

My child  Can  Can NOT participate in the following water sports/activities as part of the event/program they will be attending:

(Description of water related activities)

\*\* \_\_\_\_\_ /  /   
(Parent/Guardian Signature) (Print Name) (Date Signed)

AMIAS Initial \_\_\_\_\_

Parent/Guardian Initial \_\_\_\_\_

Alateen Initial \_\_\_\_\_

# South Carolina Area 50 Safety and Behavioral Requirements for Alateen

## ALATEEN AND AMIAS/SPONSOR PARTICIPATION REQUIREMENTS

All Al-Anon Members In Alateen Service (AMIAS)/Sponsors, must be certified by the South Carolina-Area 50 Alateen Process. Alateens and their parents/guardians should read and discuss the following Safety and Behavior Requirements. Signatures (and initials on each page) by the Alateen, Parent/Guardian and Alateen AMIAS/Sponsor, required to confirm that the Safety and Behavior Requirements were read and understood.

### SC AREA 50 Alateen Safety and Behavioral Requirements

1. No Alateen AMIAS/Sponsor will be allowed to accompany more than seven (7) Alateen Members to a program/event.
2. Alateens should arrive and leave as a group, with their AMIAS/Sponsors.
3. AMIAS/Sponsors should have knowledge of their Alateens whereabouts at all times.
4. "Participation is the key to harmony". Alateens must stay with their group, in program meetings, workshops, activities and in other designated areas. Alateens will show the respect and courtesy to others that you wish to be shown.
5. All Alateens, Alateen AMIAS/Sponsors are responsible for their own behavior, remembering that what they do reflects on their group and the name of Al-Anon/Alateen. **Alateens who are legally adults agree to abide by the same requirements as minor Alateens when they attend Alateen meetings and events.**
6. Overt or covert sexual interaction between an Adult AMIAS/Sponsor/ and an Alateen, between Alateens and between any adults is prohibited.
7. Any Alateen who displays destructive, harmful, or inappropriate behavior towards other Alateens, Alateen AMIAS/Sponsors and others in meetings or any other Al-Anon/Alateen event or activity, will be asked to leave the Alateen group, event, and/or activity. The parents/guardians will be notified to immediately come and pick-up their child.
8. Possession of alcohol, drugs, and/or weapons is strictly prohibited.
9. Federal law states you must be over 21 to smoke; therefore, if you smoke, you do so at your own risk. South Carolina Area 50 Al-Anon and Alateen AMIAS/Sponsors are not responsible for these actions. Any behavior contrary to any Federal or South Carolina law is prohibited.
10. Alateen AMIAS/Sponsors will obtain a completed **South Carolina Area 50 Alateen Event Participation Form** prior to providing transportation to meetings or any Al-Anon/Alateen related program/event where these forms are not included as part of the Alateen participation packet for the program/event.
11. No Alateen will be allowed to participate in any event/program or be provided with transportation without first submitting the completed **South Carolina Area 50 Alateen Event Participation Form** to the AMIAS/Sponsor.
12. Alateens may request time for individual discussion with an Alateen AMIAS/Sponsor. Such discussions should take place during the regular Alateen meeting in the meeting room or area where an AMIAS is present.

**Alateen:** I have read and agree to abide by the Safety and Behavior Requirements for participating in this program/event. I agree that I am responsible for my actions while attending this program/event and while traveling with the Alateen AMIAS/Sponsor and Alateen Group.

\*\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Alateen Member Signature) (Print Name) (Date Signed)

**Parent(s)/Guardian(s):** I have read and understand the Participation, Safety and Behavior Requirements in order for my child to participate in these programs/events. I understand that, if at any point my child is requested to leave due to any violation, I will be responsible for immediately picking my child up from the program/event.

\*\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Parent/Guardian Signature) (Print Name) (Date Signed)

**Alateen AMIAS/Sponsor:** I have read and agree to abide by the Participation, Safety and Behavior Requirements for participating in these programs/events.

\*\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Primary Alateen AMIAS/Sponsor Signature) (Print Name) (Date Signed)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Alternate Alateen AMIAS/Sponsor Signature) (Print Name) (Date Signed)

**(If additional AMIAS/Sponsors are needed, they must attach the above information to this form.)**

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AMIAS Initial \_\_\_\_\_

Parent/Guardian Initial \_\_\_\_\_

Alateen Initial \_\_\_\_\_

South Carolina Area 50 Safety and Behavioral Requirements for Alateen

**ALATEEN MEDICAL INFORMATION**

Person to call in an emergency: \_\_\_\_\_

Phone number(s): (\_\_\_\_) \_\_\_\_\_

Relationship to Alateen member: \_\_\_\_\_

Hospitalization/Insurance Company Name:  
\_\_\_\_\_

Policy Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Do you have a medical condition(s) or allergies?  None (or Explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATION(s):**  None or list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** All medications MUST be in their original containers, with directions for administration. Alateens should be familiar with how to take their own medication, since no RN's, infirmiry, or other designated health care providers are available at this event and only trained health care providers can legally administer medications. However, with the exception of rescue inhalers, an AMIAS/Sponsor must maintain possession of all medications throughout the event (including transportation) and must supervise Alateens when taking their medications.

**PARENT/GUARDIAN - MEDICAL CONSENT AND FINANCIAL RESPONSIBILITY STATEMENT:**

I hereby grant permission for (*Alateen Member FULL NAME*) \_\_\_\_\_

To receive medical treatment from EMS, a licensed healthcare professional, and/or hospital. As the parent/guardian of aforementioned Alateen member, I am responsible for payment of any medical services required and obtained on said member's behalf.

\*\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Parent/Guardian Signature) (Print Name) (Date Signed)

**Check the Addendum that will be attached:**

- List of alternate AMIAS who may be supporting event.
- Driver Exception Form and Requirements
- Other (Specify) \_\_\_\_\_

AMIAS Initial \_\_\_\_\_

Parent/Guardian Initial \_\_\_\_\_

Alateen Initial \_\_\_\_\_



South Carolina Area 50 Safety and Behavioral Requirements for Alateen

**South Carolina Alateen Driver Permission/Exception Addendum**

*South Carolina Alateen Event Participation Form - Addendum (1)*

Name of other Driver and Vehicle Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Alateen Name and Address: \_\_\_\_\_

Event Name, Date and Location: \_\_\_\_\_

Date, Time and Place of Departure: \_\_\_\_\_

Date, Time and Place of Return: \_\_\_\_\_

**Parent/Guardian Consent**

I  (print name) hereby grant consent for the above named **Alateen to drive to and from the above event** in their own vehicle or one provided by parent/guardian. I certify that the vehicle being used and the teen driving is covered by the appropriate auto liability insurance. I also understand that no other adults will be riding in the vehicle.

Vehicle Make, Model, License Number: \_\_\_\_\_

**For other Alateens to ride with him/her (Driver):**

Please check the appropriate space if the parent/guardian grants consent or does not grant consent for the **Alateen to have other Alateens ride with him/her**. YES \_\_\_\_\_ NO \_\_\_\_\_

**For Alateen to ride with other Alateens (Passenger):**

Please check the appropriate space if the parent/guardian **grants or does not grant consent for the Alateen to ride with other Alateens** who have been granted parental/guardian permission to drive to and from the event. YES \_\_\_\_\_ NO \_\_\_\_\_

AMIAS Initial \_\_\_\_\_

Parent/Guardian Initial \_\_\_\_\_

Alateen Initial \_\_\_\_\_

South Carolina Area 50 Safety and Behavioral Requirements for Alateen

Alternate AMIAS Addendum

South Carolina Alateen Event Participation Form - Addendum (2)

**ALATEEN MEMBER'S INFORMATION**

First and Last Name:   
Address:   
City: , State/ Zip Code:   
Home or Cell Phone (Mark which)    
Date of Birth:

**ALTERNATE AMIAS/SPONSOR/ESCORT INFORMATION (or see Driver Exception Addendum)**

First and Last Name:   
Address:   
City: , State/ Zip Code:   
Cell Phone Number:   
Mode of Transportation:   
*(include make, model, year of vehicle & license plate number and state issued whenever possible)*

**ALTERNATE AMIAS/SPONSOR/ESCORT INFORMATION (or see Driver Exception Addendum)**

First and Last Name:   
Address:   
City: , State/ Zip Code:   
Cell Phone Number:   
Mode of Transportation:   
*(include make, model, year of vehicle & license plate number and state issued whenever possible)*

**ALTERNATE AMIAS/SPONSOR/ESCORT INFORMATION (or see Driver Exception Addendum)**

First and Last Name:   
Address:   
City: , State/ Zip Code:   
Cell Phone Number:   
Mode of Transportation:   
*(include make, model, year of vehicle & license plate number and state issued whenever possible)*

**ALTERNATE AMIAS/SPONSOR/ESCORT INFORMATION (or see Driver Exception Addendum)**

First and Last Name:   
Address:   
City: , State/ Zip Code:   
Cell Phone Number:   
Mode of Transportation:   
*(include make, model, year of vehicle & license plate number and state issued whenever possible)*

AMIAS Initial \_\_\_\_\_

Parent/Guardian Initial \_\_\_\_\_

Alateen Initial \_\_\_\_\_