

ASCCA FIRST-TIME TEAM WEEKEND ATTENDEE APPLICATION

Prior to applying, please review the policy and procedures for approving first-time Team Weekend attendees on the following page.

Name and Chapter Number	
Business Name	
Have you ever attended Team Weekend? If so, when?	
Please explain briefly why you would like to attend Team Weekend	1
Applicant Signature	Date
Chapter Rep Signature	 Date
Chapter President Signature	 Date

How to Submit:

Email: mperalta@amgroup.us | Fax: (916) 444-7462 | Mail: 1 Capitol Mall, Suite 800 Sacramento, CA 95814