

**NORTH CAROLINA
TEEN COURT ASSOCIATION
CONFERENCE**

**THE STARS
OF TEEN COURT**

**WEDNESDAY, SEPTEMBER 10, 2025
10AM - 4PM
ALAMANCE COUNTY, NC**

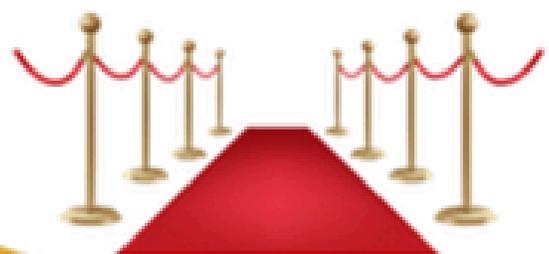
**Walk the red carpet. Shine like
a star Celebrate Teen Court excellence.**



NCTCA 2025 CONFERENCE

SEPTEMBER 10, 2025

REGISTRATION	9:00AM – 9:45AM
WELCOME AND INTRODUCTION OF NEW OFFICERS	10:00AM – 10:15AM
CHILD ADVOCACY & HUMAN TRAFFICKING CROSSROADS	10:15AM – 11:30AM
NARCAN TRAINING ALICIA BRUNELLI – NCHRC	11:30AM – 12:30PM
LUNCH & TEEN COURT TALK OF FAME CATERED BY IT'S ALL GOOD SOUTHERN KITCHEN RED CARPET REAL TALK – Q&A	12:30PM – 2:30PM
BREAK	2:30PM – 2:45PM
AJOB – ALAMANCE JOB OPPORTUNITY BRIDGE BRANDON WILLIAMSON, MICHELLE CARY, RONNIE DUNEVANT	2:45PM – 3:45PM
CLOSING AND SEE YOU SOON	3:45PM – 4:00PM



Rolling out the red carpet for YOU!

VENUE

Mt. View Ruritan

5161-D Mount Herman Rock Creek Rd., Snow Camp, NC 27349

REGISTRATION INFORMATION

The registration form should be filled out completely and emailed to Courtney Sause at NCTeenCourtAssociation@gmail.com on or by 08/29/2025.

PAYMENT INFORMATION

Cost for each person is \$40.00.

Registration cost covers venue, lunch and guest speakers.

Use the Day Conference link on the NCTCA website to pay via PayPal or make checks payable to NCTCA and mail to:

Communities in Schools Cape Fear

C/O Carrington Kennelly

PO Box 581

Burgaw, NC 28425

Checks must be received by 08/29 or send a copy of your request for payment to confirm the check is in progress.

HOTEL INFORMATION

Hampton Inn & Suites Burlington

2935 Saconn Dr., Burlington, NC 27215 336-584-8585

Use Code: CHH90C

King Rooms - \$129 + tax Dble. Queen Rooms - \$134 + tax

Free hot breakfast & Free parking

DOOR PRIZES

Each county should bring at least one door prize (\$25 minimum value)

Turn it in at registration please.

**Registration Forms and Payment Due:
Friday, August 29, 2025**

NCTCA 2025 Conference

September 10th
Alamance, NC



Registration

County: _____ Position: _____

First Name: _____ Last name: _____

Phone: _____ Alt. Phone: _____

Address: _____

Email: _____

Emergency Contact: _____ Phone: _____

Medical Information / Authorization & Consent to Health Care

Please list any special dietary restrictions, allergies, medical conditions staff should be aware of: _____

Insurance Carrier: _____ Policy #: _____

I agree to any acts, which may be necessary or proper to provide health care for myself in the event in which, I cannot do so for myself. This may include the power to provide transportation to a hospital or other institution and the consent to authorize whatever care that may be necessary to stabilize my condition. This consent shall be effective September 10, 2025.

Signature _____

Date _____

