



Delegation & Program Participant Member Application

**Please fill out the information requested below in full and return to the teacher/Advisor/Coach in charge of your delegation. All information is required.*

DATE: ___/___/___

County: _____

School Name: _____

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

Gender (Please circle one): Male Female

Grade (Please circle one): 6 7 8 9 10 11 12

Ethnicity (Please circle the one that best applies):

White/Caucasian

Hispanic/Latino

Black/African-American

Asian/Pacific Islander

Native American Indian

Other (not listed)

Email Address: _____

Home Address: _____

City: _____

Zip Code: _____

T-Shirt Size: S M L XL XXL XXXL

Home Phone #(list if there is one): (____)____-_____

Student Cell Phone #: (____)____-_____

Student Signature: _____

Guardian Cell Phone #: (____)____-_____

Guardian Signature: _____