



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 : _____

Please have students scan this code and submit info. Feel free to keep a paper form for your records if needed.

