

YOUTH & GOVERNMENT™

We build strong kids, strong families, strong communities.

DELEGATE REGISTRATION FORM

Delegation: _____

Student's Name _____ Phone (____) _____

Address _____
Street City State Zip

Grade _____ Email Address: _____

Check your chosen program area.

_____ Legislature* _____ Court _____ Press _____ Page _____ Elected Office**

* The Legislative Program Advisor will assign you to a Chamber.

** Only check if you are in one of the following positions – Governor, Lt. Gov., Speaker of the House, Chief Justice, Sec of State, President Pro-temp, Speaker Pro-temp

Please register me for the Indiana YMCA Youth & Government program. I understand that I must attend all scheduled meetings and activities of the YMCA delegation. I also understand that the \$25 deposit, returned with this registration form, is non-refundable, but will be applied toward my program fee of \$100. I also understand that I am responsible for hotel and transportation costs. (Fundraising is one way to offset the cost of this program.)

Delegate's Signature Date

Parent Authorization (for delegates 17 years of age and under)

_____ (Student's Name) has my permission to participate in the Indiana Youth & Government program as a member of the YMCA's delegation. I have read and understand the Code of Conduct.

Parent Signature Date

This registration form should be returned to your delegation advisor.

Paid: _____ Deposit _____ In full

Indiana YMCA Youth & Government
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www.indymca.org

YMCA mission: To put Christian principles into practice through programs that enhance personal growth and improve health of spirit, mind, and body for all.