



YMCA of Greater Indianapolis

YMCA YOUTH & GOVERNMENT ADVISOR REGISTRATION

Delegation Name: _____

Advisor's Name: _____

Work Phone (____) _____ Cell Phone (____) _____

Address _____
Street City Zip

Email Address: _____ T-shirt size _____

Emergency Contact _____ Phone number _____

Are you a: Volunteer YMCA Staff

We would like to know you better, so tell us about yourself and your interest in this program

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 \$175. I also understand that I am responsible for some food and transportation costs. I also give the YMCA permission to use any photos or videos of me that may be taken during the program for marketing purposes only.

Advisor's Signature _____

Date _____