

YOUTH & GOVERNMENT™

We build strong kids, strong families, strong communities.

COURT PROGRAM DELEGATE REGISTRATION FORM

Delegation: _____

Student's Name _____ Phone (_____) _____

Address

Street City State Zip

High School _____ Grade _____

Email Address: _____

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

_____ (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 advisor. He or she will return it to Youth and Government by November 20, 2004.

Indiana YMCA Youth & Government
615 N. Alabama Street, Suite 200
Indianapolis, IN 46204
(317) 266-9622 * Fax: (317) 266-2845
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.