

## Youth Information Sheet 2015-16

Name: \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you want to receive text message reminders about events? Yes/No

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Home/Parent Phone: \_\_\_\_\_

Can they receive text messages? Yes/No

Parent email: \_\_\_\_\_

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