REGISTRATION FORM

(Please Print)

Today's date:	Program Name:	Program Date:

INFORMATION

Last Name:	First:	Middle:

Gender		Racial/Ethnic Heritage (Please Check One)
❑ Female	❑ Male	❑ African American/Black ❑ Hispanic/Latino ❑ White/Non-Hispanic ❑ Asian ❑ American Indiana/Alaskan Native ❑ Other (Please Specify) ___________________________________

Street address:

P.O. box:	City:	State:	ZIP Code:

Home Phone:	Work Phone:	Cell Phone:
( )	( )	( )

FOR K-12 STUDENTS

Grade:	Name of Middle/High School :

School Address	City	Zip Code
		Employer phone no.:

FOR COLLEGE STUDENTS

Degree Program	College/University

Classification/Class Standing

❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior ❑ Graduate ❑ Other