American Red Cross Colonial Crossroads Chapter

SUMMER LEADERSHIP CONFERENCE 2011

Registration Form

Please mail completed form and payment to: ***Chapter House 695 Springfield Ave. Summit, NJ 07901***

PARTICIPANT INFORMATION

Full Name: _____
Last *First* .

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ Cell Phone: ( ) _____

Date of Birth : ____/____/____

E-mail Address: _____

E-mail address is used for communicating schedule information and conference updates with conference participants

EMERGENCY CONTACT INFORMATION

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Primary Phone: ( ) _____ Alternate Phone: ( ) _____

Relationship: _____

Please list any allergies or medical concerns below:

_____

_____

INTEREST AND EXPERIENCE

In a few sentences, please describe the reasons why you would like to participate in the Red Cross Leadership Conference.

_____

_____

_____

_____

_____

CONFERENCE PAYMENT AND CONSENT

A FEE OF $100 PER PARTICPANT IS REQUIRED TO REGISTER FOR THE CONFERENCE

Please check selected payment form: _____CASH _____CHECK*

**Make checks payable to: Colonial Crossroads Chapter. Please write "Youth Leadership Conference" in the memo.*

Parent or guardian consent for a minor to participate in the 2011 American Red Cross Leadership Conference:

_____ _____

Signature of parent/guardian *Date*