

PARTICIPANT INFORMATION FORM



PARTICIPANT

FULL NAME: _____ AGE: _____

PARENT/GUARDIAN: _____

ROOMMATE REQUEST: _____

(Roommate requests are not guaranteed. Please see parent details.)

EMAIL ADDRESS: _____

SEX: Male Female

RACE: American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

Black/African American Asian White

PARENT/GUARDIAN INFORMATION

FULL NAME: _____

EMAIL ADDRESS: _____

PHONE: (H) _____ (M) _____ (W) _____

ADDRESS: _____

SECONDARY CONTACT

FULL NAME: _____

EMAIL ADDRESS: _____

PHONE: (H) _____ (M) _____ (W) _____

ADDRESS: _____