



Participating Organization Information:

School Organization Name: _____

Lead Chaperone Name: _____

Organization ID #: _____ Program: _____

Student Information

First Name _____

Email: _____

Last Name _____

Send me information about upcoming events/camps

Phone _____

HS Graduation Year: _____

Street Address _____

DOB ____/____/____

City _____

T-Shirt Size (adult sizes): S M L XL 2XL

State _____ ZIP _____

Dietary Restrictions (Check all that apply):

- None
- Vegetarian
- Kosher*
- Gluten Free*
- Vegan
- Halal*
- Nut/Peanut Allergy*
- No Pork*
- Other: _____

A meal is provided free of charge to participants. All dietary, accessibility, and other accommodations not listed on this information sheet must be sent in writing to the program staff at least one month before the event.

*May be served a vegetarian or vegan meal

Optional Supplementary Student Information

These questions are optional and will be used for grant applications/reporting and program planning.

1. Please select the one option that you most identify relating to your **race**.

- Black / African American
- White
- American Indian/ Alaska Native
- Asian
- Pacific Islander
- Multi-racial
- Prefer not to answer

2. Please select the one option that you most identify relating to your **ethnicity**.

- Latinx
- Asian
- Middle Eastern
- Native American
- Other: _____
- Multi-ethnic
- Prefer not to answer

