YMCA COLLEGIATE LEGISLATURE

Registration Form 2019

www.cleg.org

Participant Information

School:										
First		 Last						Male Female Gender Date of Birth		
Permanent Ac	ddress:									
City:					_ State	:		_ Zip Code: _		
Phone #: (_)									
Email address	i:									
T-Shirt Size:	S	М	L	XL	XXL	3XL				
Class:	Fresh.		Soph.		Jr.	Sr.	Grad.			
This is my	1 st	2 nd	3rd	4 th	5 th		Year at Co	ollegiate Legisla	ture	
Emergency	y Cont	act								
								Male Fem	nale	
Title	First			Last			Suffix	Gender	Date of Birth	
Home Phone:	<u></u>			Cell #:						
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	ipant's Sig	nature:						Date:		
	Steps to Cor Reg Che	Register applete the gister online eck with yourn this	is form ine at www.u vour School I	cleg.org L Represen School I	nefore Janua tative abou Representat	ary 31 it Hotel A tive or ma	(Discount. Accommodation. ail to PO Box 2.	s Apply if Registered b s before January 31 336, Montgomery, AL	ny Dec. 31)	