Youth Partner Sign-in / Sign-up

Current Partner ID: \_\_\_\_\_\_\_\_\_\_

Youth Registration Form

First Middle Initial Last name

Contact Phone

Mailing Address

Male/Female

Live with (check all that apply) Mom, Dad, Grandma, Grandpa, Aunt, Uncle, Guardian, Other)

Ethnicity (check all that apply) Caucasian, African American, Hispanic/Latino, Asian, Pacific Islander, Other

How many Brothers \_\_\_\_\_\_ Sisters \_\_\_\_\_\_\_ do you have? Are they Foundation Partners? Y/N

Email \_\_\_\_\_\_\_\_\_\_\_\_\_ Facebook \_\_\_\_\_\_\_\_\_\_\_ Twitter \_\_\_\_\_\_\_\_\_\_\_ Instagram\_\_\_\_\_\_\_\_\_\_\_

Birthday

Grade level

School Attended

Favorite Class Favorite Sport

Your Goals This Year:

What do you want to be when you grow up?