

Tennessee YMCA Youth Legislature

ADVISOR REGISTRATION

NAME: _____

SCHOOL: _____

School Address: _____

(Street)

(City

(State)

(Zip)

School Phone: _____

School FAX: _____

Your Home Phone: _____

E-Mail: _____

Other things we'd love to know...

How many years has your school participated in the YMCA Youth Legislature Conference? _____

How many students are you estimating to bring to this year's YL conference? _____

Your Birthday: ___(M)___(D)

Best time to reach you at school: _____

CIRCLE ONE:

Conference A

Conference B

FOR STATE OFFICE USE ONLY

INPUT _____