

Tennessee YMCA Youth Legislature

OFFICER REGISTRATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:**

ZIP: _____

PHONE: _____ **GRADE:**

SCHOOL: _____

E-mail: _____

Office you were elected to hold:

PROMOTIONAL USE WAIVER

I authorize the YMCA of Middle Tennessee to make use of my name and/or likeness for promotional purposes.

SIGNED _____ **DATE**

PARENT SIGNATURE

FOR STATE OFFICE USE ONLY

INPUT
