

AGENCY REGISTRATION FORM

July 30th, 31st, August 1st, 2008
University of MN Duluth Campus

Agency Name _____
 Address _____ City _____ Zip _____
 Phone (____) _____ Contact Person _____
 E-mail address: _____

Must be 1 male adult for every 1-5 male youth
 Must be 1 Female adult for every 1-5 female youth

Please list all youths and adults who will attend. We need to know gender for dorm room assignments.

***All male participants must have a male chaperon.**
***All female participants must have a female chaperon.**
It is important that you register same gender chaperons with youths.
Thank you!

YOUTH	AGE	GENDER
		Male
		Male
		Male
		Male
		Male
MALE chaperon assigned to above youths: _____		
		Male
		Male
		Male
		Male
		Male
MALE chaperon assigned to above youths: _____		
		Male
		Male
		Male
		Male
		Male
MALE chaperon assigned to above youths: _____		

YOUTH	AGE	GENDER
		Female
		Female
		Female
		Female
		Female
FEMALE chaperon assigned to above youths: _____		
		Female
		Female
		Female
		Female
		Female
FEMALE chaperon assigned to above youths: _____		
		Female
		Female
		Female
		Female
		Female
FEMALE chaperon assigned to above youths: _____		

(Please add additional sheets if necessary)

Total Number of Youths Attending	
Total number of Adult Chaperons	
Grand Total Attending	

If registering on or before 2008-Jul-03, price is \$175.00 per Adult/Youth

If registering after 2008-Jul-11, price is \$200.00 per Adult/Youth

Total Attending X \$175.00 =	
Total Attending X \$200.00 =	