

AGENCY REGISTRATION FORM

August 3rd, 4th, and 5th'2011
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 8/5/2013, price is \$1; 5.00 per Adult/Youth | Total Attending X \$1; 5.00 = |
| If registering after 8/5/2013, price is \$240.00 per Adult/Youth | Total Attending X \$240.00 = |