FOOTSTEPS

Youth Leadership Summit on Civil Rights

Registration Form

Date _____

Name _____ _____ _____
Last First M.I.

Address _____ _____
Street City

State _____ **Zip Code** _____

Phone _____ **Email** _____

Age _____ **Sex** _____

Church _____

School _____ **Grade** _____

Emergency Information

Contact _____

Phone _____

Doctor _____

Doctor Phone _____