



YOUTH LEADERSHIP TEXAS MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

CITY: _____, TEXAS ZIP CODE: _____

HOME TELEPHONE: (_____) _____

CELL PHONE NO.: (_____) _____

AGE: _____ DATE OF BIRTH: _____

(_____) MALE (_____) FEMALE

PARENT(S) NAME(S): _____

CELL PHONE NO.: (_____) _____

I am available to participate in Y.L.T. activities/projects on

(_____) Fridays (_____) Saturdays (_____) Sundays

What school do you attend?

School Address: _____

City: _____, TEXAS Zip Code: _____

School Phone Number: (____) _____

I can speak: (____) ENGLISH (____) SPANISH (____) OTHER

I can read: (____) ENGLISH (____) SPANISH (____) OTHER

T-SHIRT SIZE: (____) SMALL (____) MEDIUM (____) LARGE

(____) X-LARGE (____) 2XL (____) 3XL (____) 4XL

DISABILITY: I require special accommodations for:
(please specify)

NOTE: REGISTRATION FEE MUST ACCOMPANY APPLICATION.

OFFICE USE ONLY BELOW