2009 NORTHCOAST Youth Summit Registration Form:

Participant's Name: _____
(print CLEARLY in ink)

Mailing Address: _____
Street Address or PO Box; City, State & Zip Code

Phone Number: (____) _____ Grade (circle one): 7 8 9 10 11 12 Adult

Email:_____ Club/Organization: _____

Gender: ☐ male ☐ female School: _____

My signature on this form gives consent to use any photograph/video likeness of me in any publication, press release, presentation, and electronic or print literature related to the Northcoast Youth Summit.

Parent signature_____ **Participant Signature**: _____
(if under 18 years of age):

Circle T-shirt size: Small Medium Large Extra Large XXL
(T-shirt only for those registering by March 6th)

Years at the Summit: (circle one) 1st 2nd 3rd 4th 5th

I heard about the conference from (circle): friend teacher publicity parent other:_____

DIRECTIONS: Pick 1st & 2nd choice workshop for each time slot. If a workshop is more than one session long list all sessions.

Workshop 1 (10:00-10:50)

Primary Choice	Alternate
_____	_____

Workshop 2 (11:00-11:50)

Primary Choice	Alternate
_____	_____

Workshop 3 (1:00-1:50)

Primary Choice	Alternate
_____	_____

Workshop 4 (2:00-2:50)

Primary Choice	Alternate
_____	_____

Mail this form with Medical Form and payment to:
Northcoast Youth Summit, Attn.: Sandy Sathrum, 5630 South Broadway, Eureka, CA 95503