

# 2010 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 February 12th)*

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

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

Any special needs: \_\_\_\_\_

**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)

1st Choice

\_\_\_\_\_

2nd Choice:

\_\_\_\_\_

## Workshop 2 (11:00-11:50)

1st Choice

\_\_\_\_\_

2nd Choice:

\_\_\_\_\_

## Workshop 3 (1:00-1:50)

1st Choice

\_\_\_\_\_

2nd Choice:

\_\_\_\_\_

## Workshop 4 (2:00-2:50)

1st Choice

\_\_\_\_\_

2nd Choice:

\_\_\_\_\_

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