

**2010 YOUTH RECOGNITION ENROLLEE FORM
Student Information**

Name of individual: _____

Address: _____

_____ **Telephone:** _____

Age: _____ **Grade:** _____ **School:** _____

T-Shirt Size: ___XL ___L ___M ___S

Brief summary of community service volunteer work performed by him/her:

Other activities that student is involved in: _____

Parent/Guardian Information

Parent/Guardian name: _____

Address: _____

_____ **Telephone:** _____

Nomination Information

Person/Group making nomination: _____

Sponsor Contact Name: _____

Address: _____

_____ **Telephone:** _____

Registration Deadline 3/12/10: Submit enrollee form and \$35.00 check payable to CYC/Youth Recognition, Mail to: University of Minnesota Extension-Grant County, PO Box 1099, Elbow Lake, MN 56531