

THE AMERICAN LEGION
DEPARTMENT OF CALIFORNIA
2008 YOUTH ENVIRONMENTAL CONFERENCE

STUDENT APPLICATION FOR PARTICIPATION
CONFERENCE DATES: FRIDAY-MONDAY, MAY 16, 17, 18, 19

Name of Applicant _____ Phone (____) _____
(PLEASE PRINT) (LAST) (FIRST) (M.I.)

Home Address _____
(Number) (Street) (City) (Zip)

Age _____ Birthdate _____ Sex _____ School Grade _____ GPA _____
(Years) (Mo-Day-Year) (M/F) (Soph/J) (Latest)

Is the student proficient in English? Yes _____ No _____

High School Name _____ City _____

Future College (If known) _____ Probable Major _____

Special Interest in Forestry, Conservation, Ecology, etc. _____

Experience in the above (if any) _____

Why do you wish to participate in this program? _____

Meals are prepared by professional school staff. They are well-balanced and nutritious, and contain some non-red meat dishes at all meals. **We are unable to cater to individual food preferences.**

T-shirt size _____ (S/M/L/XL)

School Reference _____ Phone (____) _____
Teacher or Counselor Signature

Parental Consent _____ Phone (____) _____
Parent or Guardian Signature

Applicant Signature _____ Date _____

ONE OR BOTH OF THESE SECTIONS MUST BE COMPLETED FOR CONTACT

DISTRICT CHAIRMAN

Name _____ Phone (____) _____ Dist # _____

Address _____
Number City Zip

POST CHAIRMAN

Name _____ Phone (____) _____ Post # _____

Address _____
Number City Zip

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IMPORTANT INFORMATION FOR STUDENTS:

When you return your application to the sponsoring District or Post, the following must be attached:

- TWO SIGNED COPIES OF THE "MEDICAL INFORMATION FORM"
- TWO SIGNED COPIES OF THE "AUTHORIZATION CONSENTING TO TREATMENT OF A MINOR"
- ONE SIGNED COPY OF THE "CODE OF ETHICS DEPARTMENT ETHICS CODE"
- TWO SIGNED COPIES OF THE PARENT'S CONSENT AND RELEASE FORM