Twentieth Annual Angelo Del Toro
Puerto Rican/Hispanic Youth Leadership Institute
April 17-19, 2010

Participation Information Form

(Please Type or Print Clearly)

SECTION A: Personal Information **Please check one: ◯ Student ◯ Chaperone ◯ Staff**

Home Assembly District #: _____ **Grade Level: ◯ 11th ◯ 12th**

1. Name: _____
(Last Name) (First Name) (Middle Initial)

2. Gender: Female ◯ Male ◯ **3. Telephone:** _____
(Area Code) (Home Telephone #)

4. E-mail Address: _____

5. Home Address: _____
(Number and Street)

_____
(City) (State) (Zip Code)

6. Name of Parent/Guardian Contact: _____

7. Emergency Contact: _____ _____
Area Code (Daytime Telephone #) Area Code (Evening Telephone #)

8. Do you require special accommodations/diet? ◯ No ◯ Yes Please specify: _____

_____

9. Do you currently use any prescription medication(s) or have any special medical condition(s)?
◯ No ◯ Yes – If yes, please specify: _____

_____

SECTION B: School Information

10. Name of School District: _____ **11. Name of School:** _____

12. Name of Principal: _____ **13. School Telephone #** _____

THIS SECTION WILL BE COMPLETED BY NYC DOE or BETAC Staff

( )The Desmond Hotel on Albany Shaker Rd Student Hotel Room Number: _____ Chaperone Hotel Room Number: _____

Assigned Roommate(s) 1._____ 2._____

Chaperone(s) 1. _____ 2. _____

Staff Person assigned: _____

Role: ( ) Delegate (Representing Assembly District: ____, Mock Assembly seat #: _____) ( ) Counsel ( ) Other

(If other, please specify): _____ 16. Delegation: _____

Deadline: March 12, 2010
Once completed please fax to 518-477-1335