

Angelo Del Toro Puerto Rican/Hispanic Youth Leadership Institute  
March 24-26, 2012



THE STATE EDUCATION DEPARTMENT/ THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY



**PARTICIPATION INFORMATION (Please Type or Print Clearly)**

Delegation: \_\_\_\_\_

Home Assembly District #: \_\_\_\_\_

Home Senate District #: \_\_\_\_\_

**SECTION A: Personal Information**

Please check one: If you are a student, please make sure to fill in section B

- Student  
 Chaperone  
 Staff

1. Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

2. Gender: Female  Male

3. Telephone: \_\_\_\_\_ 4. Alternate: \_\_\_\_\_  
(Area Code) (Home Telephone #) (Cell)

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 #)

**SECTION B: SCHOOL INFORMATION**

8. Name of school District: \_\_\_\_\_ 9. Name of School: \_\_\_\_\_

10. Name of principal: \_\_\_\_\_ 11. School Phone: \_\_\_\_\_

12. Staff Person assigned: \_\_\_\_\_

13. Role  Delegate Representing Assembly District: \_\_\_\_\_ 14. Mock Assembly seat #: \_\_\_\_\_  
 Counsel  
 Other

If other, please specify: \_\_\_\_\_