



Angelo Del Toro

PUERTO RICAN | HISPANIC YOUTH LEADERSHIP INSTITUTE

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CHAPERONE/STAFF LIST FOR PROGRAM

Delegation: _____

Contact Person: _____

Telephone: _____

Please Type or Print and list in alphabetical order.

FIRST NAME	MIDDLE INITIAL	LAST NAME	ORGANIZATION	Language Fluency:
				- English only - English and some Spanish - Fluent in English and Spanish

Please submit this document by February 8, 2019

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