



City-Wide Youth Program

PARTICIPANT APPLICATION

Please return application as soon as possible, as space is very limited. Please print or type this information.



Saturday, February 4, 2012

Registration: 8:30 a.m. • Program: 9:00 a.m. — 4:00 p.m.

University of the Incarnate Word

Dr. Burton E. Grossman International Conference Center

Name _____

Address _____ City/State/Zip _____

School _____ Age _____

Birth Date _____ Graduation Date _____

Parent(s) or Guardian(s) Name(s) _____

Address (if different from above) _____

Home Phone _____ Work Phone _____ Cell Phone _____

PARENT/GUARDIAN CONSENT: I give my permission for this applicant to attend United Communities City-Wide Youth Program.

Parent/Guardian Signature _____ Date _____

To ensure a diverse program, please complete the following:

Faith/Religious Affiliation:

- | | | | | | |
|---------------------------------|---|--|-------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> African-American/Black | <input type="checkbox"/> Asian | <input type="checkbox"/> Agnostic | <input type="checkbox"/> Atheist | <input type="checkbox"/> Bahai |
| <input type="checkbox"/> Male | <input type="checkbox"/> Bi-Racial | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Christian | <input type="checkbox"/> Jewish | <input type="checkbox"/> Mormon |
| | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native American | <input type="checkbox"/> Muslim | <input type="checkbox"/> Non-Denominational | |
| | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Protestant | <input type="checkbox"/> Other _____ | |

MAIL OR FAX COMPLETED FORM TO:

United Communities of San Antonio (UCSA), P.O. Box 830219, San Antonio, Texas 78283 or Fax to 210.229.9065



UNITED COMMUNITIES OF SAN ANTONIO

Founded in 1954 as The National Conference of Christians and Jews



P.O. Box 830219 • San Antonio, Texas 78283

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