

2017 Black College Tour

YMCA of Metropolitan Milwaukee Association Office 161 W. Wisconsin Ste. 4000 Milwaukee, Wisconsin 53203 Attention: Shaneé Jenkins



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| Please print legi | ibly | | | | | | |
|---|-----------------|------------------|--------------------|------------------|--|--|--|
| | | | APF | PLICATION FOR | YMCA BLAC | K COLLEGE | TOUR 2017 |
| STUDENT INFO | RMATION: | | | | | | |
| NAME: | | | | | | | T-shirt size: |
| ADDRESS: | | | | | | | |
| CITY, STATE, Z | IP: | | | | | | |
| HOME PHONE: | | | | | CELL | PHONE: | |
| | | | | | | | |
| EMAIL: | | | | | | | (use preferred email to receive TOUR info) |
| PARENT/GUARI | DIAN INFOR | MATION: | | | | | |
| NAME: | | | | | | | |
| WORK PHONE: | | | | | | ell Phone: | |
| EMAIL: | | | | | | | |
| EWAIL: | | | | | | | (use preferred email to receive 1 OOK inito) |
| Please complete | e the follow | ing informat | ion. | | | | |
| | | | | | | | |
| Are you an active If yes, please inc | | | evers? ttend N | YES IS PK | NO RH | _ ws | |
| If no, please indica | ate group affil | iation if applic | able | | | | |
| Have you ever at | tended the Y | MCA Black | Achievers Coll | ege Tour? | | | |
| | | | | | | | |
| SCHOOL: | | | | | | | AGE: |
| GENDER | MALE | FEMALE | | | | | |
| | | | | | | | |
| GRADE | 9th | 10th | 11th | 12th | | | |
| | | | Non-Tee (NO REF | n Achiever R | Registration PLICATION | n Applicat FEE OR TO | n Fee: \$25.00 tion Fee: \$50.00 DUR PAYMENTS) chievers |
| | | | | 161 W. W Atte | of Metropolita Association (/isconsin Ave ntion: Shane lilwaukee, W | n Milwaukee Office enue Ste. 400 é Jenkins I 53203 | e 00 |
| | | (THIS | S IS THE ON | LY LOCATION | WHERE AF | PPLICATION | NS WILL BE ACCEPTED) |
| | | | | _ | | | tion materials and forms to the Black Achievers mandatory events associated with the trip. |
| Student Signatu | ıre | | | | | | Date: |
| Parent Signatur | e | | | | | | Date: |
| For Office use on | nly: | | | | | | |
| Check No. or Cas | ypesh | Car | d Number | | Receive | CVC # | <u> </u> |
| Receipt No. | | | | | | | |