

Teen City Registration

Member Name: _____ School ID Nbr: _____ Registration Date: _____
School District: _____ School Campus: _____

Member Demographic Information

Grade: _____ Sex: _____ DOB: _____ Age: _____
Hispanic/Latino: _____ White: _____ Black/African American: _____ Asian: _____ American Indian/Alaskan: _____
Hawaiian/Pacific Islander: _____

Member Phone/Address

Phone Nbr: _____ Cell Phone Nbr: _____ E-mail: _____
Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Contact Detail

Parent/Guardian: _____ Relation: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Nbr: _____ Cell Phone Nbr: _____ E-mail: _____
Emergency Contact: _____ Relation: _____
Emergency Contact Phone Nbr: _____

Membership Package (Choose One)

Freshman Sophomore Junior Senior

Forms: Verification of Enrollment; Proof of Residency