

HELPING YOUNG MALES AND FEMALES BECOME  
PRODUCTIVE ADULTS IN TODAY'S SOCIETY

## Annual Mentoring Weekend Registration Form

Participant's Full Name \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth  
\_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip  
\_\_\_\_\_

Participant's Phone Number: \_\_\_\_\_

Participants' Email Address (if applicable): \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_

Parent/Guardian's Address (if different from the participant):

Street Address \_\_\_\_\_

City/State/Zip  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Parent's Email Address: \_\_\_\_\_

\*\*Please list any known allergies: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

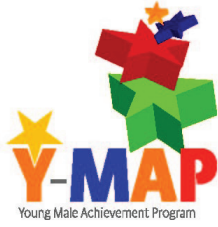
Street Address \_\_\_\_\_

City/State/Zip  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_



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**Name of sponsor (if applicable):** \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return this form via email to [info@y-map.org](mailto:info@y-map.org). Payment in the amount of \$300/participant can be made securely at [www.y-map.org](http://www.y-map.org) on the New/Events page.