

Southeast CEO
Youth Leadership Program
Deadline: August 20, 2009

Name: _____ Birthday: _____

Address: _____ City: _____

State: GA Zip: _____ Phone Number: () _____

Cell: () _____ Email: _____

Grade Level: _____ Best Way to Contact You: _____

Parent(s)/Guardian Name: _____

Contact Information: _____

Emergency Contact Information

Name: _____ Relationship: _____

Daytime Phone: () _____ Evening Phone: () _____

Interests (select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Teaching Adults | <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Professional Influence |
| <input type="checkbox"/> Teaching Children | <input type="checkbox"/> Underage Drinking | <input type="checkbox"/> Puppeteer "Shows" |
| <input type="checkbox"/> Community Policy Change | <input type="checkbox"/> Environmental Change | <input type="checkbox"/> Support |
| <input type="checkbox"/> Team Building | <input type="checkbox"/> Organizing groups | <input type="checkbox"/> Drama Performances |
| <input type="checkbox"/> Financial Decision-making | <input type="checkbox"/> Leading Group Discussions | |
| <input type="checkbox"/> Other | | |

Why do you want to be part of Southeast CEO?

Reference (not family)

Name: _____ Phone: () _____

Relationship: _____

Name: _____ Phone: () _____

Relationship: _____