



SOROPTIMIST
Best for Women

Soroptimist International of Seaford, Inc. 2019 Youth Forum Student Application

Name: _____

Address: _____

City, State, Zip Code: _____

Name of High School Currently Attending: _____

Grade: _____

Age: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Phone: _____

Why do you want to participate in the Youth Forum? _____

I, _____, as parent/guardian authorize Soroptimist International of Seaford, Inc. and its attendees to photograph and/or video (student name) _____. You are also consenting that these photographs and/or videos can be used for our club promotion which can be made public through various media outlets. By signing this form you are also giving permission for the student listed above to participate in the Youth Forum and further allow for his/her opinions and ideas to be presented.

(Parent/Guardian Signature)

(Date)

