



**YELL – Youth Excelling in Learning Leadership
2009-2010**

Applications need to be filled out and brought with you to orientation.

Name _____ Grade _____

Parent(s)/ Guardian Name: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone _____ Mobile _____

E/mail address: _____

Emergency Name & contact number: _____

T-Shirt Size: _____ Dietary Restriction: _____

General Information

Using a few phrases of adjectives, describe yourself:

Name two issues that are of concern to you in your school or community: