

Conference Registration Form September 22-23, 2017

<input type="text"/>		<input type="text"/>	<input type="text"/>	
Last Name	First Name	Middle Initial	Age	Gender
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Tribal Affiliation		Phone Number	Email Address	
<input type="text"/>				
Street Address	Apt. *	City	State	Zip

Emergency Contact Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship (mother, father, etc)	Their Name	1st Emergency contact phone #
		<input type="text"/>
		2nd Emergency contact phone #

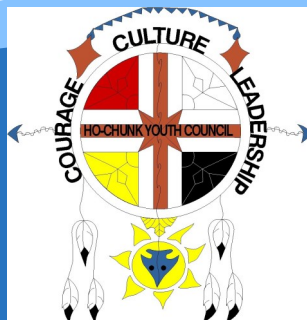
Medical Information

Please include additional youth needs: (food allergies, disability, etc.)

I give permission for my child to attend the suicide prevention conference.

Parent/Guardian Signature:

Date: _____



PAC HACI YOUTH COUNCIL

P.O. Box 158 W17634 Radke Rd.
Wittenberg, WI 54499

Fb page: Pac Hacı Youth & Learning Center
Main Contact: Lanette Walker
715-701-0079 or 715-253-3369