



Citizens for Better Community
Toastmasters Youth Leadership Program (YLP)
Registration form

Please **TYPE/PRINT** clearly (all fields are required unless specified as optional):

Last Name: _____ First Name: _____

Chinese Name (optional): _____ Gender: F ___ M ___

Date Of Birth: (mm/dd/yyyy) _____

Phone Numbers: Home: _____ Cell (optional): _____

Address: _____ City: _____ Zip: _____

High School Name: _____ Grade (Current): _____

Applicant's e-mail address: _____

Participated in this Program Before? Yes ___ (circle years 2014, 2015, 2016,2017); No ___

Full name(s) listed under CBC membership: _____ Life Time Member (Y/N) ___

Check here if you need financial assistance and CBC will contact your parents shortly. _____

Student Signature: _____ Date: _____

Parent/Guardian Information:

Last Name: _____ First Name: _____

Phone number: Work/Home _____ Cell _____

E-mail address: _____

Parent Must Volunteer (**Mandatory**): Please use 1st, 2nd, 3rd to indicate preference:

Opening day _____ Regular class day _____ Closing day _____

Parent Signature: _____ Date: _____

*Note: Policies and procedures are subject to change without notice. Please visit our website for the latest news and updates. Registration fees are non-refundable after program acceptance letter is sent.