

Angelo Del Toro
PUERTO RICAN | HISPANIC YOUTH LEADERSHIP INSTITUTE

March 10-12, 2018

PARTICIPATION INFORMATION (Please Type or Print Clearly)

1. Name: _____
(First Name) (Middle Initial) (Last Name)

2. Gender: Female Male Email: _____

3. Ethnicity or cultural background:
 Puerto Rican Dominican Mexican
 Other, including mixed background (Please specify) _____

Delegation: _____

Home Assembly District #: _____

Home Senate District #: _____

Please check one: If you are a student, please make sure to fill questions 8-11

Student Chaperone Staff

Please check the option that best describes your language fluency:

English only English and some Spanish Fluent in English and Spanish Spanish only

4. Telephone: _____ 5. Alternate: _____
(Area Code) (Home Telephone #) (Cell)

6. Home Address: _____
(Number and Street)

(City) (State) (Zip Code)

7. Parent/Guardian Contact: _____

8. Emergency Contact: _____
Area Code (Daytime Telephone #) Area Code (Evening Telephone #)

9. School District: _____ 10. School Name: _____

11. Principal's Name: _____ 12. School Phone: _____

13. Role Delegate Representing Assembly District: _____ Counsel
 Other If other, please specify: _____

14. Mock Assembly seat #: _____

Please submit this document by February 9, 2018

This contract is funded through the New York State Education Department.

