

# Angelo Del Toro

PUERTO RICAN | HISPANIC YOUTH LEADERSHIP INSTITUTE

March 9 - 11, 2019

## 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 #: \_\_\_\_\_

