

Angelo Del Toro
PUERTO RICAN/HISPANIC YOUTH LEADERSHIP INSTITUTE

PARTICIPATION INFORMATION
(Please Type or Print Clearly)

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

2. Gender: Female Male 3. Email: _____

4. 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

5. Telephone: _____ 6. Alternate: _____
(Area Code) (Home Telephone #) (Cell)

7. Home Address: _____
(Number and Street)

(City) (State) (Zip Code)

8. Parent/Guardian Contact: _____

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

10. School District: _____ 11. School Name: _____

12. Principal's Name: _____ 13. School Phone: _____

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

15. Mock Assembly seat #: _____

