



Registration & Commitment Form

Name of Youth: _____

School you attend in 2017-18: _____ Grade _____

School you will attend in 2018-19: _____ Grade _____

Youth Gender: Male/Female (Circle Appropriate)

Youth Email Address: _____

Youth Cell Number: _____

Parent/Emergency Contact Information

Adult Contact Name: _____ Relationship to youth: _____

Adult Email Address: _____

Adult Cell Number: _____

Y/N (circle one) – I would like to receive Emails regarding community service hour opportunities

Commitment: With my signature below, I am pledging to participate in **100 Teens Who Care Lakeland** quarterly meetings. I am making a personal commitment to contribute a minimum of \$10 cash, that I have earned, at each of the quarterly meetings. I agree that my donation will be pooled with the other members' donations and presented to the nonprofit organization selected by the group's majority vote.

100 Teens Who Care Member

I would like to nominate the following Lakeland Charity:

Organization Name: _____

Organization Address: _____ Organization Phone: _____

Organization Contact Name: _____

Please note that the information on this form is being collected and used solely for organizers and members of **100 Teens Who Care Lakeland** to enable communication with members regarding **100 Teens Who Care Lakeland** events. Personal information collected on this form, including email addresses and phone numbers, will not be disclosed to third parties or used for other purposes without your consent.

Completed Forms may be scanned and sent via Email to
100teenslakeland@gmail.com