

BALTIMORE YOUTH FILM ARTS PROGRAM
Minor Registration Form

Last Name: _____ First Name: _____

Suffix (Jr.): _____ PreferredName/Nickname: _____

Date of Birth (month/day/year): _____ SS#: _____

Street Address: _____

City/State : _____ Zip: _____

Phone (Home): _____ (Cell): _____

Email Address: _____

Gender: Male Female

Ethnicity: Hispanic or Latino Non-Hispanic or Latino

Race: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Pacific Islander
 White Other

Parent's/Guardian's Name: _____

Phone (Home): _____ (Cell): _____

Email Address: _____

Emergency Contact: _____

Phone: _____ Email Address: _____

Relationship: _____

WORKSHOP TITLE: _____

Student Fellow Release/Permission Attached