100
BLACK MEN
OF SYRACUSE INC.

Youth Program Application Form

Please complete the application for registration purposes only

Youth First Name _____

Youth Last Name _____

Youth Email Address (if applicable) _____

Street Address _____

City _____

State _____

ZIP Code _____

Youth Cell Phone Number (if applicable) _____

Parent/Guardian First Name _____

Parent/Guardian Last Name _____

Parent/Guardian Email Address _____

Parent/Guardian Cell Phone Number _____

Youth Education Levels (choose one)

Grades 4-6 ☐ Grades 7-8 ☐ Grades 9-12 ☐ College/Trade School ☐

Check box for the program track you are interested in participating?

☐ YEP - Youth Empowerment Program (ages 9-11) ☐ Future 100 (ages 14-18)

☐ Mentoring STEP1 (ages 12-13) ☐ Other (please specify below)

Best time(s) to contact parent/guardian:

_____