



LEADERS FOR LIFE INTL. *at Hamilton College*

- HIGH SCHOOL OVERNIGHT PROGRAM: JULY 16-21, 2017
- HIGH SCHOOL OVERNIGHT PROGRAM: JULY 23-28, 2017

APPLICANT AND PARENT OR LEGAL GUARDIAN (IF APPLICANT IS UNDER 18 YEARS) *MUST* READ, COMPLETE, AND SIGN THIS FORM.

APPLICANT'S NAME: LAST _____ FIRST _____ FEMALE MALE

APPLICANT'S EMAIL ADDRESS _____ DATE OF BIRTH: MONTH ____ / DAY ____ / YEAR ____

PRIMARY STREET ADDRESS _____ CITY, STATE, ZIP, COUNTRY _____

HOME PHONE _____ APPLICANT CELL PHONE _____

PARENT/GUARDIAN ONE: NAME _____ PROFESSION _____ WORK OR CELL PHONE _____ PREFERRED EMAIL ADDRESS _____

PARENT/GUARDIAN TWO: NAME _____ PROFESSION _____ WORK OR CELL PHONE _____ PREFERRED EMAIL ADDRESS _____

LEADERSHIP POSITIONS HELD (*not required for attendance*):

- APPLICANT TEE SHIRT SIZE:
- YOUTH LARGE
 - ADULT SMALL
 - ADULT MEDIUM
 - ADULT LARGE
 - ADULT EXTRA LARGE

SCHOOL I WILL REPRESENT _____ GRADE ENTERING SEPTEMBER 2014 _____

SCHOOL ADDRESS _____ CITY, STATE, ZIP, COUNTRY _____ SCHOOL PHONE _____

SCHOOL REPRESENTATIVE: LAST, FIRST _____ REPRESENTATIVE PHONE _____ REPRESENTATIVE EMAIL ADDRESS _____

HAMILTON SESSIONS: REGISTRATION \$997 BY JUNE 1; \$1297 AFTER JUNE 1* (IF SPACE IS AVAILABLE)

** First come, first served. No refunds will be granted, but a same-gender substitution can be made up to June 20.*

MAIL FORM WITH \$350 DEPOSIT TO: LEADERS FOR LIFE INTERNATIONAL, PO BOX 44, CLINTON, NY 13323

July 26-21, 2017 Session July 23-28, 2017 Session CHECK #: _____ CHECK AMOUNT: \$ _____
(Please make all checks payable to Trustees of Hamilton College.)

CREDIT CARD # _____ SECURITY CODE _____ EXP. DATE _____ SIGNATURE _____

BILLING ADDRESS ON CREDIT CARD _____