

BALTIMORE YOUTH FILM ARTS PROGRAM
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 (minors): _____

Phone (Home): _____ (Cell): _____

Email Address: _____

Emergency Contact (adults): _____

Phone: _____ Email Address: _____

Relationship: _____

WORKSHOP TITLE: _____

☐ Student Fellow Release/Permission Attached