



Windy City Explorer Post #9 Youth Registration

Name: _____

Address: _____

City/ST/Zip: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Contact Methods

Phone (Home/Cell): _____ / _____

E-Mail: Y / N _____

Facebook: Y / N _____

Twitter: Y / N _____

(Please indicate which contact methods you have by checking Y or N,
and then mark your preferred methods of contact)