



Extension
UNIVERSITY OF WISCONSIN-MADISON
SHEBOYGAN COUNTY



2020 Community Youth Voice Conference (CYVC)
Delegate Pre-registration

School Representative: Please submit the following information for each youth delegate along with payment of \$200.00. Health information form, code of conduct, release of liability form and final registration information will be mailed directly to each delegate upon receipt of this pre-registration.

Delegate Name:

_____ (first name) _____ (middle name) _____ (last name)

Preferred Name (for Name Tag): _____

Home address: _____

City: _____ **Zip Code:** _____ **Gender:** _____

Primary phone: (_____) _____
(Check: ___cell ___school ___work)

Secondary phone: (_____) _____
(Check: ___cell ___school ___work)

E-mail: _____ **Birth date:** _____

School Name: _____ **Grade:** _____

T-Shirt Size: (adult sizes) ___small ___med ___large ___XL ___2X ___3X

Roundtable Topic Selection: (Please rate them 1-4 based on your level of interest in each topic)

_____: Healthy Relationships _____: Youth and Elections

_____: Workforce Pathways _____: Aging Communities

Parent/Guardian Name: _____

Address: _____

Telephone: _____ **E-Mail:** _____

Residence: (check one)

___ farm: _____ acres ___ rural or town under 10,000 ___ town or city of 10,000-50,000
___ suburb of city over 50,000 ___ central city of over 50,000

Race/Ethnicity (optional used for statistical purposes only):

Ethnicity (check one): ___ Hispanic ___ Not Hispanic ___ Prefer not to answer

Race (check all that apply):

___ American Indian/Alaskan Native ___ Asian ___ Black/African-American
___ Hawaiian/Pacific Islander ___ White ___ 2+ races ___ Other ___ Prefer not to answer