

Youths Well " Armed" with Positive Attitudes, Proficient Skills & Factual Knowledge

Youth please complete			
First Name:	Last Name:	Nick Name:	
Age: Gı	rade: Career goal(s):		
Chore(s)/Responsibility(s):			
Favorite Book/ Video game	/ TV show/Movie (s):		
Things you are GREAT at			
Describe bullying			
What does this world need	more of?		
Who/what is/are your role	model?		
What gets sharper the mor	e you use it?		
Youths Signature:		Date:	
First Name:		MPLETE BELOW	
Phone:	Email:		
Address:			
Area(s) Youth need some s	apport in		
Reason(s) for registering Y	outh;		
Guardians Signature:		Date:	
Guardians Signature:		Date:	

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