

Please fill out all areas of this application. Please remember to include payment info and any applicable fees.

YOUTHpride '98

Registration Application

Personal Information

First Name		M.I.		Last Name	
Address					
City		State		Zip Code	
Phone		E-Mail		@	
Birthdate	/ /				
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Race	<input type="checkbox"/> Cau <input type="checkbox"/> Blk <input type="checkbox"/> Asn <input type="checkbox"/> Hsp <input type="checkbox"/> Oth _____		
How did you hear about this event?	<input type="checkbox"/> WWW <input type="checkbox"/> Youth Group <input type="checkbox"/> Friend <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Other _____				
Do you belong to a youth group?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list the group's name:					

Payment Information

Would you like to order a T-shirt commemorating this event? If yes, please list number and sizes.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ # LG _____ # X-LG	
# T-shirts		@ \$18.00 each =
Would you like to make a donation to help defer costs of this event? If yes, please enter amount to the right.		
Registration fee [optional] of \$5 (\$3 if before June 20) + Amount of shirts + donation = TOTAL		

If paying by check or money order, please make payable to YOUTHpride '98 and write number at top of application.

Visa MasterCard Discover Card Number _____ Exp. ____/____

Signature **X** _____ Date _____

Please mail this application, along with any applicable fees, by June 1, 1998 to:

**YOUTHpride '98
 Registration Dept.
 P.O. Box 20716
 Indianapolis, IN 46220**

You may also register on the WWW at <http://www.gayindy.org/yp98/>