

DELEGATION

ADVISOR ONE-DAY CERTIFICATION REGISTRATION FORM

Postmark by: September 28, 2007

Mail to: Pam Sheble, Associate Director
California YMCA Youth & Government Program
2000 Alameda, Suite 128
San Mateo, CA 94403

ADVISOR ONE-DAY CERTIFICATION REGISTRATIONS _____ @ \$65 ea. = _____

Please circle:

Southern California

SATURDAY, OCTOBER 13, 2007
Westchester YMCA
8015 So. Sepulveda Blvd.
Los Angeles
9:30 a.m. – 4:30 p.m.
(Take Howard Hughes Parkway off of
the 405 and go South on Sepulveda.
Y is a couple of blocks north of Manchester.)

Northern California

SUNDAY, OCTOBER 14, 2007
El Camino YMCA
2400 Grant Road
Mountain View, CA 94040
9:00 a.m. – 4:00 p.m.
(Take University exit from 101.
Go east on University to Bell.
Turn left on Bell Street.)

(Please make checks payable to California YMCA Youth & Government)

NOTE: THIS FORM IS FOR THE ONE DAY CERTIFICATIONS ONLY

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DAY PHONE: (____) _____ **CELL PHONE:** (____) _____

EMAIL _____ **OCCUPATION:** _____

THIS IS MY _____ **(1st, 2nd, 3rd, etc) YEAR AS AN ADVISOR** **UNDER 21? YES / NO**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DAY PHONE: (____) _____ **CELL PHONE:** (____) _____

EMAIL _____ **OCCUPATION:** _____

THIS IS MY _____ **(1st, 2nd, 3rd, etc) YEAR AS AN ADVISOR** **UNDER 21? YES / NO**

(ADDITIONAL REGISTRATIONS ON BACK)

DELEGATION: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL _____ OCCUPATION: _____

THIS IS MY _____ (1st, 2nd, 3rd, etc) YEAR AS AN ADVISOR UNDER 21? YES / NO

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL _____ OCCUPATION: _____

THIS IS MY _____ (1st, 2nd, 3rd, etc) YEAR AS AN ADVISOR UNDER 21? YES / NO

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL _____ OCCUPATION: _____

THIS IS MY _____ (1st, 2nd, 3rd, etc) YEAR AS AN ADVISOR UNDER 21? YES / NO

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL _____ OCCUPATION: _____

THIS IS MY _____ (1st, 2nd, 3rd, etc) YEAR AS AN ADVISOR UNDER 21? YES / NO

(Payment may be made in the form of a check or check request at the time of the Certification meeting)