



PAL of Central Wyoming / CBC Membership Scholarship

Today's Date: _____
MM/DD/YY

Parent/Guardian: _____
Last First Birthdate

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Gender: M / F

Contact Number: _____ US Citizen: _____ Yes _____ No

Emergency Contact: _____
Name/Relationship Phone Number

Participants Names:	Birthdate:
1) _____ M / F	_____
2) _____ M / F	_____
3) _____ M / F	_____
4) _____ M / F	_____

Membership Type: (Please Check One)

___ Single Participant/Youth (5-17) ___ Single Participant/Adult (18+)
___ Family

Student: _____ Yes _____ No Grade: _____

If yes, School/College Attending: _____

Qualifying by: Single Parent /Low Income (Circle One)

