

Youth to Youth

Adventure and Leadership Training Summer Experience Sign Up

Return to: Tanya Leonard/Heather Schlitz, 131 School Road, Wilton, CT 06897 Questions: 762-8388 or leonardt@wiltonps.org or schlitzh@wiltonps.org

PLEASE MAKE CHECKS PAYABLE TO: WILTON YOUTH COUNCIL

**IF YOU WOULD LIKE TO MAKE A MONETARY DONATION TO SUPPORT PROGRAMS RUN BY THE WILTON YOUTH COUNCIL, PLEASE CONTACT TANYA LEONARD OR SEND AN ADDITIONAL CHECK IN WITH YOUR FORM. YOUTH TO YOUTH WOULD LIKE TO THANK YOU FOR YOUR SUPPORT!*

Participant Name: _____ Grade/Team: _____ Y2Y Member: Y / N

Student Cell Phone (bringing phones are optional and NOT required) : _____

Parent Name: _____ Phone: _____

Parent Email: _____

*This email will be used to receive updates before the program with details and updates throughout the week if changes need to be made to our schedule.

T-shirt size: (please circle appropriate size) Adult Small, Adult Medium, Adult Large, Adult XL

Food allergies: _____

*We will be purchasing snacks and making a pizza lunch. Please note any food allergies above.

Payment received on or before April 1st - \$520

Payment received on or after April 2nd - \$550

Payment Enclosed: \$ _____ Donation Enclosed: \$ _____ Total Enclosed: \$ _____

We will be holding 2 parent information sessions to discuss the program and answer any questions you may have. Please note below if you will be attending one of the presentations and a Zoom link will be sent to you the week prior to the session.

_____ I will be attending the parent presentation on MARCH 10th (Thursday - 7pm)

_____ I will be attending the parent presentation on APRIL 28th (Thursday - 7pm)