



MARCH 7, 2012 – DES MOINES

REGISTRATION DEADLINE: February 28, 2012

REGISTRATION FORM

(Please Print Clearly)

First Name: _____

Last Name: _____

Address: _____

City*: _____ **State:** _____ **ZIP:** _____

Cell Phone: _____

Email Address: _____

Date of Birth: ____/____/____

School (if applicable): _____

Graduation Year: _____

Organization (if applicable): _____

GSA Faculty Advisor (if applicable): _____

Iowa Pride Network strives for diversity in all aspects of its programs. The following three questions are optional but are very important to us:

Gender(s): _____

Sexual Orientation(s): _____

Ethnic Background(s): _____

NOTE: if you are under 18, please fill out the “Parent/Guardian” and “Medical Release” Forms available at www.iowapridenetwork.org. If you are over 18, please provide the necessary emergency contact information in the medical release.

PHOTO RELEASE (optional):

Please be advised that I hereby authorize Iowa Pride Network to reproduce my image, photographed or filmed for publicity and fundraising purposes.

By checking this box, you agree to the photo release

If you are not registering online, please print, fill-out, and mail this application to:

Iowa Pride Network, 777 Third St, Suite 321, Des Moines, IA 50309

If you have questions, please contact: iowapridenetwork@gmail.com or call 515-471-8063