



REGISTRATION FORM

Summit Registration Deadline: September 26, 2011

First Name: _____
Last Name: _____
Address: _____
City: _____ State: _____ ZIP: _____

Cell Phone: _____
Home Phone: _____
Email Address: _____

Date of Birth: ____/____/_____
School (if applicable): _____
Graduation Year: _____
Organization (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 # 312
Des Moines, IA 50309**

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