

# iowa pride network's 5<sup>th</sup> ANNUAL STUDENT LEADERSHIP TRAINING

Thursday, August 13, 2009 • 10am-4pm • Meredith Hall, Drake University • Des Moines, IA

## REGISTRATION FORM

(Please Print Clearly)

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](http://www.iowapridenetwork.org). If you are over 18, please provide the necessary emergency contact information in the medical release. This is a requirement; you will not be permitted into the training without these signed forms.

### 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  
P.O. Box 1797  
Des Moines, IA 50305-1797

If you have questions, please contact: [rachel@iowapridenetwork.org](mailto:rachel@iowapridenetwork.org) or call **515-243-1110**