

Motivate ME 4-Day Seminar USM Gorham Campus May 30^{th} – June 2^{nd} , 2024

Ambassador Release Form

Dear Participant:

For our records, and for your protection, please complete this form in its entirety. Please provide ALL requested Information and obtain the signature of your parent or legal guardian. Please Type or write legibly.

PERSONAL INFORMATION

Preferred Name To Be Called:		Date of Birth (MM/DD/YYYY)/	
Male: Female Other (spe	ecify)		
Tee Shirt Size: High	School:		
Home Address:			
(City)	(State)		(Zip Code)
Mailing Address (If different): _	(City)	(State)	(Zip Code)
	(Oily)	(State)	(Zip code)
Tour Thoric Number.	Your E-Mail Addre	.33	
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Please contact Jim Cox (207-221-3196), if any legal access restrictions apply to your family situation.

EMERGENCY CONTACT INFORMATION

Please include a person not included above.

NOTE: any emergency calls will be made in the following order:

Legal Guardian 1, Legal Guardian 2, Emergency Contact.

	cipant:		
Primary Phone Num	ber: ()		
Physician:		Phone # ()
	TRAVEL ITINE	RARY	
If Other (explain):	seminar by: Car driven by other (If arriving by Bus, Tra (Sor	in' What terminal and	what is time of
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