



District 2-T2 Lions Opportunities for Youth Contestant Application



Check the contest for which this application is being submitted.

- Diabetic Awareness Essay
 Drug Awareness Speech
 Outstanding Youth Award

Please print legibly.

Contestant's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) ____ - _____

Birth Date: __ / __ / __ Gender: Male Female Social Security Number: _____

E-mail Address: _____ Cell Phone: (____) ____ - _____

Parent/Guardian Name(s): _____ Home Phone: (____) ____ - _____

School Currently Attending: _____

School Address: _____

City: _____ State: _____ Zip: _____ School Phone: (____) ____ - _____

Counselor's Name: _____ GPA: _____

Current Classification: Junior Senior Expected Year of Higher Education Enrollment: _____

Name of University/college You Plan to Attend: _____

Sponsoring Lions Club: _____

Club Contact Name: _____ Home Phone: (____) ____ - _____

We certify the statements in this application are correct. We have reviewed a copy of the Policies and Rules for the Contest and promise to comply with them. We consent that all materials, creations, concepts, likeness, designs, posters, ideas, and intellectual rights and property used mentioned, spoken, and written for, or in connection with, this contest are the property of District 2-T2 Lions and may be published and used for any purpose selected by District 2-T2 Lions. We understand that the contestants are to be available, on request, to participate in District 2-T2 events and activities for the period of one year after the contest.

Contestant Signature: _____

Parent/Guardian Signature: _____

Preferred But Not Required

Sponsoring Lions Club: _____

Club Contact Name: _____ Home Phone: (____) ____ - _____