

Tomorrow's Agricultural Professional Symposium (TAPS)

Kellogg Conference Center
Tuskegee, Alabama

December 4-6, 2016

Registration & Scholarship Form Application Deadline: November 15, 2016

(Fill out the following information and return to pawc@mytu.tuskegee.edu)

YOUTH PARTICIPANT INFORMATION			
First Name:		Last Name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: _____/____/____ month/day/year	Age:
Address:			
City:		State:	Zip Code:
Primary phone #: <input type="checkbox"/> Home <input type="checkbox"/> Work		Cell #:	
E-mail:			
Do you have any special assistance needs: If yes, please list:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any food allergies: If yes, please list:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Adult Advisor Information:

Adult Advisor Full Name:

Email Address:

Relationship to Student:

Cell Phone:

Photography/Video/Media Release

For the purpose of providing information, photographs and/or videos for publications and other marketing developed by Tuskegee University College of Agriculture, Environment and Nutrition Sciences (CAENS) its employees, administrators, agents, volunteers, contractors, presenters, designated representatives, partners, funding sources, and/or assigns to promote programs and activities associated with the TAPS conference:

I authorize the CAENS/TAPS conference committee to release information about my participation, use, publish, and republish public information, photograph, film, audio/video tape, record/or televise my image and/or voice for use in publications or promotional materials related to the TAPS conference, CAENS youth program or 4-H youth development program without any restriction by CAENS, its employees, administrator, agents, volunteers, contractors, presenters, designated representatives, partners, and funding sources. I understand that information may be provided verbally or by computer data transfer, mail, fax, or hand delivery. I understand and agree to the release of information authorized in this form. I understand I may revoke this release in writing at any time, but I understand that revocation will not affect any information that was already released. A copy of this form is valid to give my permission to release records. If you **DO NOT** want photographs, videotaped or other media images to be used, please initial this line

For Additional Information contact PAWC office 334-552-0691 or www.pawc.info