



AnytownArizona

Developing Leaders. Embracing Diversity.

Dear Delegate,

Thank you for your interest in attending our Summer Leadership Program. Enclosed you will find the necessary documents to complete your application. A space will be saved for you when we receive both your deposit and all completed forms. Please be sure to read everything carefully and complete ALL paperwork in full.

As a participant of the 2009 Anytown Summer Leadership Program, you may be eligible to receive an elective credit on your high school transcript. Please complete the enclosed "Enrollment Form" from Blueprint Education to initiate the process and you receive more information.

If you have any questions, please contact our office at (602)265-9256.

Thank you and we look forward to meeting you!

Sincerely,

THE ANYTOWN STAFF

SUMMER LEADERSHIP PROGRAM APPLICATION

PLEASE BE SURE TO PRINT CLEARLY AND ANSWER EVERY QUESTION

FIRST NAME: _____ LAST NAME: _____

GENDER: _____ DATE OF BIRTH: _____ AGE: _____ TSHIRT SIZE: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

CURRENT GRADE: _____ SCHOOL NAME: _____

➤ ***WHAT IS YOUR RACE OR ETHNICITY?** (ASIAN, NATIVE AMERICAN, AFRICAN AMERICAN, CAUCASIAN, HISPANIC ETC.)

➤ ***WHAT IS YOUR RELIGIOUS BACKGROUND?** (CATHOLIC, CHRISTIAN, JEWISH, ATHEIST, SPIRITUAL, MORMON ETC.)

***THIS INFORMATION IS USED FOR THE SOLE PURPOSE OF GATHERING INFORMATION ABOUT THE DIVERSITY IN OUR PROGRAM**

➤ **HOW DID YOU FIND OUT ABOUT ANYTOWN?** (NAME OF THE PERSON, ORGANIZATION, OR PROGRAM THE REFERRED YOU)

HAVE YOU PARTICIPATED IN OTHER ANYTOWN PROGRAMS?

➤ **ANYTOWN SUMMER LEADERSHIP PROGRAM?** YES NO

IF YES, DID YOU GO TO ANYTOWN OR ANYTOWN JR? _____

WHAT YEAR(S) DID YOU ATTEND? _____

➤ **SCHOOL UNITOWN/POWERTOWN?** YES NO

SCHOOL NAME: _____

➤ **ANYTOWN WORKSHOP/EMPOWERTOWN?** YES NO

LOCATION: _____ DATE: _____

PARENT/GUARDIAN INFORMATION (PLEASE PRINT CLEARLY)

FIRST NAME: _____ LAST NAME: _____

PHONE NUMBER: _____ EMAIL ADDRESS _____

YOUR SPACE WILL BE RESERVED ONCE WE RECEIVE THE DEPOSIT AND ALL COMPLETED FORMS

DELEGATE FINANCIAL FORM

DELEGATE NAME: _____

Dear Parent,

This cost of attending the Anytown Summer Leadership Program is **\$495**. This fee includes all program materials, lodging, meals, t-shirt, and group picture. **In order to reserve your space in the program, a \$95 non-refundable registration fee is required when we receive the application. The entire program fee becomes non-refundable 14 days prior to the start of the program.** Payments can be made by credit card, check or money order to Anytown Arizona.

PAYMENT OPTIONS:

(please select one option)

- Total payment enclosed** (\$495)
- Payment in full for my child and \$ _____ to go towards helping another child attend the program.**
- My child is being sponsored:**
 - Person, school, or organization that is sponsoring child _____
 - Sponsors phone # _____
- I cannot pay the entire amount at this time. I would like to set up a payment schedule. The balance is due before the start of the program. Please fill out the payment schedule below. Fill in the amount of each payment and when you will make the payments.**
 - I am enclosing the deposit of \$ _____ Date: _____
 - The next payment of \$ _____ Date: _____
 - The last payment of \$ _____ Date: _____
- I am in need of financial assistance.** I can pay \$ _____. (Must be at least \$95 deposit) and I'm requesting \$ _____ in assistance. (please answer the following questions)

1.) Amount of annual household income: _____

2.) Number of children in your household and ages _____

3.) Please explain why financial assistance is needed: _____

FOR CREDIT PAYMENTS:

- **CARD TYPE (circle one):** VISA MASTERCARD AMERICAN EXPRESS DISCOVER
- **CARD NUMBER:** _____
- **NAME AS IT APPEARS ON THE CARD:** _____
- **EXPIRATION DATE:** _____ **SECURITY CODE:** _____
- **AMOUNT TO BE PROCESSED \$** _____

ANYTOWN DELEGATE GUIDELINES

Being an Anytown “delegate” denotes that you are here not only to represent yourself but many others who could not be here. As a “delegate” you also represent your race, culture, religion, community, school, and family. Be aware of your responsibilities and obligations to others. **The delegate and the parent should both read this carefully.**

1. Participate in all parts of the program to the best of your ability. Make sure you are on time for all events.
2. Make a goal to try to meet new people! Meet as many people as you can during the week. Help others to feel wanted and accepted.
3. Look for opportunities to see the positive, not the negative, in people and situations.
4. Be ecologically sensitive. Do not drop trash or papers on the ground and do not waste water. Take short five minute showers, recycle cans in containers, turn off heaters during the day and please – no graffiti anywhere at camp. Follow the “leave only your footprints” philosophy so that everyone can enjoy the use of the camp for years to come!
5. No leaving the camp grounds. If you find yourself not wanting to be in the program, let the directors know so they can call your parent or guardian to pick you up. Anytown is a voluntary program.
6. You will be creating and participating in interactive programs during the week. Skits or programs in bad taste or with heavy sexual overtones are not permitted. If in doubt, ask your camp directors.
7. Cabin competitions or raids are not permitted due to the possible harm that can occur, ruining the camp experience for everyone.
8. Cabins should be viewed as private bedrooms. Exercise respect for all members of a cabin. No visitations by the opposite sex except for scheduled programming or rehearsals.
9. No leaving the cabins after lights out except for emergencies.
10. Please no cellular phones or pagers at camp. Anytown has an emergency phone for emergency calls only. Anytown encourages you to meet as many new people as possible at camp.

ANYTOWN ARIZONA DELEGATE AGREEMENT

I, _____ accept my appointment as Delegate to the Anytown Summer Leadership Program. I recognize my responsibility to myself, my family, school and/or sponsoring agency to be the best possible participant.

I agree to follow all of the rules of Anytown involving safety, protecting the camp property, and responsible personal behavior. I will respect the rights of others and myself.

To the best of my ability, I will join in the spirit of Anytown at all times.

I hereby give my (parental) consent to have quotes I give and pictures or video footage I appear in to be used for Anytown publicity purposes. I release Anytown Arizona, Inc and sponsoring agencies from any obligation or liability arising from use of said pictures or videos.

Please sign the following agreement:

DELEGATE PRINTED NAME

DELEGATE SIGNATURE

DATE

PARENT PRINTED NAME

PARENT SIGNATURE

DATE

DELEGATE MEDICAL INFORMATION

DELEGATE'S NAME: AGE: GRADE:
ADDRESS: CITY: STATE: ZIP:
PRIMARY PHONE: ALTERNATE PHONE:
DOCTORS NAME:
DOCTOR'S PRIMARY PHONE: ALTERNATE PHONE:
DOES YOUR CHILD HAVE MEDICAL INSURANCE? YES NO (If yes, please attach a copy of the insurance card)
INSURANCE PROVIDER: POLICY NUMBER:
PARENT/GUARDIAN SOCIAL SECURITY NUMBER:

IN CASE WE ARE UNABLE TO CONTACT THE PARENT/GUARDIAN PLEASE LIST 2 OTHER PEOPLE TO CONTACT:

NAME: RELATIONSHIP PHONE:
NAME: RELATIONSHIP PHONE:

Does your child have any medical concerns, chronic illness, health problems, or allergies? If yes, please specify.

Blank lines for medical concerns response.

Does your child take daily medication? If yes, please specify.

Blank lines for medication response.

Is your child allergic to any medications? If so, please specify.

Blank lines for allergies response.

By placing an "X" in the boxes below. I give permission for my child to be given the following over the counter medications if needed:

- Non-aspirin (Acetaminophen)
Motrin (Ibuprophen)
Antacid
Cough Drops

UNDER 18 EMERGENCY MEDICAL RELEASE

In the event of an accident or illness which requires emergency care, if I cannot be reached, I hereby give permission to the attending physician to administer such medical care as may be necessary for the health and safety of this delegate, of whom I am the parent or legal guardian. Our family physician may be consulted as necessary. Any expenses for emergency transportation and/or treatment shall be the responsibility of the parent or legal court ordered guardian.

SIGNATURE: DATE:

Enrollment Form



OFFICIAL USE ONLY
ID# _____
DATE _____

Student's Name _____

Street Address _____

Address Line 2 _____

City, State, Zip _____

Mailing Address _____

City, State, Zip _____

Home Phone () _____

Cell Phone () _____

Work Phone () _____

Email _____

Email _____

Date of birth _____ Male Female

(Optional): Asian Hispanic Caucasian

Black/African-American Native American Pacific Islander

Other _____

Current Grade Level. Check One:

7 8 9 10 11 12

Credit will be transferred back to:

School Name _____

Mailing Address _____

City, State, Zip _____

Family Education Rights and Privacy Act (FERPA) protects the privacy of your educational records. The nature of Blueprint Education requires the dissemination of information by letter, fax, email, or some other distance communication method.

In order to be in compliance with FERPA, we require your signature of release giving approval to use these methods of communication for the purposes of reviewing grades, academic progress and releasing transcript information.

NOTE: Your signature is required if you desire release of your educational records to others than yourself, parents/guardian and/or school.

Student Signature _____ Date _____

Parent/
Guardian Signature _____ Date _____

COURSE ENROLLMENT INFORMATION

BUILDING LEADERS EMBRACING DIVERSITY 0.5 CREDIT
(ELECTIVE HIGH SCHOOL CREDIT)

Upon successful participation and completion of the Anytown Arizona leadership program, you will be awarded 0.5 credits to be transferred back to your high school.

Details about this accredited program can be found in your enrollment packet.