

**Registration form must be submitted by the high school teacher serving as the participating student's mentor*

THE 2009 NEW YORK YOUTH INSTITUTE

September 19, 2009 ♦ Cornell University, College of Agriculture and Life Sciences ♦ Ithaca, NY

OFFICIAL REGISTRATION FORM

High School: _____

High School Address: _____
(Street) (City) (State) (Postal Code)

School Phone: _____ School Fax: _____
(Area Code) (Number) (Area Code) (Number)

Principal: _____

Student Participant: _____

Home Address: _____
(Street) (City) (State) (Postal Code)

Home Phone: _____
(Area Code) (Number)

Student E-mail: _____

Student: Please check here if you **DO NOT** want us to share your contact information with institutions and organizations that are interested in offering special scholarship and/or internship opportunities to Global Youth Institute participants. _____

Teacher Mentor*: _____

School E-mail: _____ Home E-mail: _____

How can we reach you at school? _____

Please indicate the hours you are available for phone calls: _____

Home Address: _____
(Street) (City) (State) (Postal Code)

Home Phone: _____
(Area Code) (Number)

Please return this form to the New York Youth Institute Coordinator by **August 15, 2009**:

Francine Jasper

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Ithaca, NY 14853-7801

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