



Membership Form 2017

Due Tuesday, June 27th

Please note that the demographic information being requested in the box below is for use in applying for grants and other funding and in no way will affect you or your membership with the East Hartford Summer Youth Festival. EHSYF does not sell or otherwise provide its list of participants, alumni, and members to other organizations.

Name: _____

Address (number, street, town, zip): _____
Number Street Apt. No.

City State Zip

Home Phone: _____ **Cell:** _____

Email: _____

Emergency Contact: _____
Name Phone Number Relation

Date of Birth (MM/DD/YYYY): _____

Gender (circle one): Male Female

Race/Ethnicity (circle all that apply): Caucasian African American Asian
Native American West Indian Latino Other

Annual Household Income (circle one): 0-\$25,000 \$25,000-\$50,000
\$50,000-\$75,000 \$75,000-\$100,000 \$100,000+

Parental Status (circle one): Single Parent Married Divorced

Number of Years with EHSYF (circle one): 1-3 4-6 7-9 10+

T-shirt Size: Youth Small Youth Medium Youth Large Adult Small

Adult Medium Adult Large Adult XL 2X 3X 4X 5X

Additional Shirts Ordered (please indicate size above):

Number of shirts _____ x \$15 = \$_____ additional amount enclosed

Additional Guests for the Cast Party:

Number of guests _____ x \$15 = \$_____ additional amount enclosed

Signature of Member (or Parent/Guardian if under 18): _____

EHSYF USE ONLY

Number of Members: _____ Amount paid: _____ (Circle One) Cash / Check # _____