



FORM FOR ROSWELL IN PRINT 2020

1) NAME OF APPLICANT OR TEAM – _____

2) IF APPLYING FOR YOUTH CATEGORY – _____
NAME OF PARENT/TEACHER/LEGAL GUARDIAN

3) AGE OF APPLICANT(S) SELECT ALL THAT APPLY

- a. 17 or under
- b. 18-24
- c. 25-36
- d. 37-45
- e. 45+

4) GENDER (OPTIONAL) – _____

5) ETHNICITY (OPTIONAL) – _____

6) PRIMARY LIVING ADDRESS – _____

7) WHERE DID YOU LEARN ABOUT THE CALL? (OPTIONAL) – _____

8) IMAGE LIST (1-10)

1) Name _____
Description _____
Size _____ Price _____

2) Name _____
Description _____
Size _____ Price _____

3) Name _____
Description _____
Size _____ Price _____

4) Name _____
Description _____
Size _____ Price _____

5) Name _____
Description _____
Size _____ Price _____