2018 Pit River Tribal Citizen’s Science Program—Registration Form

*Please Complete*

Name: _________________________________________________

Age: ___________________________________________________

Contact Information: Cell #:  __________________________________________

Home #: ____________________________

Volunteer Signature: _________________________________________

Emergency Contact: __________________________________________

Relationship to Volunteer: _____________________________________

Emergency Contact: __________________________________________

Relationship: _____________________________________

*If Applicant is Under Age of 18*

Name of Parent or Legal Guardian: ______________________________

Signature: __________________________________________________

Parent / Guardian Contact: Cell#:  _______________________________

Work#:  ____________________________ Home#:  ______________________