

# 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#: \_\_\_\_\_

