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### YOUTH INFORMATION

Printed Youth/Young Adult Name: \_\_\_\_\_

Purpose/Event: 2025 Dale Carnegie Virtual Leadership Training photos/media/quotes

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Youth/Young Adult OR Authorized Person Signature\*: \_\_\_\_\_

Authorized Person Printed Name and Role: \_\_\_\_\_

\*If applicable: Person Authorized to sign for minor youth (under 18 years of age).

### FORM RECEIPT ACKNOWLEDGEMENT

\_\_\_\_\_  
Lakya Lewis, Youth Impact Specialist

\_\_\_\_\_  
Date

*If you have any questions regarding this form, please contact the Youth Impact Project Manager at [futures@tacfs.org](mailto:futures@tacfs.org).*