

**BALTIMORE YOUTH FILM ARTS PROGRAM**  
Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Suffix (Jr.): \_\_\_\_\_ PreferredName/Nickname: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ SS#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State : \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

Preferred Pronouns:

They/Them     She/Her     He/Him     A Pronoun Not Listed: \_\_\_\_\_

Ethnicity:  Hispanic or Latino     Non-Hispanic or Latino

Race:     American Indian or Alaska Native     Asian  
           Black or African American                    Native Hawaiian or Pacific Islander  
           White    Other

Parent's/Guardian's Name (minors): \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

Emergency Contact (adults): \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

WORKSHOP TITLE: \_\_\_\_\_

Student Fellow Release/Permission Attached