



Please note, this form only needs to be completed by the nominated student if the school nominator is completing the registration.

STUDENT INFORMATION

Full Name: _____

Preferred First Name: _____

Address: _____

City, State, Zip: _____

Phone (C): _____ Phone (H): _____ Date of Birth: _____

Email (personal; not school, not family): _____

Gender: Female Male Non-binary Transgender Prefer not to disclose Prefer to Self-Identify _____

Race/Ethnicity: Asian Black/African American Hispanic or Latino Middle Eastern or North African Native American Native Hawaiian or Pacific Islander Prefer not to disclose Prefer to self describe _____ White

T-shirt size: S M L XL XXL XXXL

SCHOOL INFORMATION

School Name: _____

School Address: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Full Name: _____

Phone (C): _____ Phone (H): _____

Email: _____

Job Title/Employer (optional): _____

HOBY Affiliation (optional-alum, volunteer, etc.): _____

Parent/Guardian 2 Full Name: _____

Phone (C): _____ Phone (H): _____

Email: _____

Job Title/Employer (optional): _____

HOBY Affiliation (optional-alum, volunteer, etc.): _____

ACKNOWLEDGEMENTS

I understand I (the student) will need to attend the seminar for the entire weekend, including overnight.

HOBY has affiliations with other organizations, such as Colleges and Universities, Corporations, and other student-focused organizations that may provide beneficial opportunities to HOBY Participants. You have the option below to decide if you would like the Participant's information shared with such organizations. The information shared will be limited to their name and contact information (address, email, and phone number).

***Agreement to include my student's information in offers from HOBY approved partners and affiliates.**

OPT-IN (Yes, please include my student's information.)

OPT-OUT (No, please exclude my student's information.)

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