## LEADERSHIP AMARILLO & CANYON





Please fill out the form and return to Lisa Blake at lisa@leadershipamarillo.org
Or Mail to: Leadership Amarillo & Canyon, P. O. Box 1626, Amarillo, TX 79105



Applicant's First Name	Parent/Guardian Name
Applicant's Last Name	Parent/Guardian Phone #
School Currently Attending	Student's Grade Level
Daytime Phone Number/Cell	
Email	
	<b>References</b> Please list the name and phone number of 2 adults in the community or teachers that can attest to your leadership abilities.
Applicant Commitment: I understand that attendance is vital to	#1 Reference Name
successful completion of Teen Leadership Amarillo & Canyon and I will devote the time and resources necessary to complete the program.	
Agreed	#1 Reference Phone
Applicant's Signature	#2 Reference Name
Applicants signature	
Parental/Guardian Agreement: Applicants for the LAC program must have the support and commitment of their family. Your approval is necessary as an indication of support of the applicant's participation in the program.	#2 Reference Phone
Parental/Guardian Approval	
Full Name Date	
What do you believe is most concerning in our community and why?	