



## GREAT BASIN YOUNG CHAUTAUQUA WORKSHOP REGISTRATION FORM

Please provide the following information:

Name of Young Chautauquan: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Parent Telephone

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

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

Parent Email: \_\_\_\_\_

YC School: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

How did you hear about the Young Chautauqua program? (Please check all that apply.)

- School/Teacher    Library    Radio/KUNR    Web Site    Newspaper    Friend/Family  
 Social Media (Facebook, Twitter, etc.)    Another Young Chautauquan  
 Other: \_\_\_\_\_

Do you know a Young Chautauquan? If so, who? \_\_\_\_\_

Please return this completed form to the program coordinator at a Great Basin Young Chautauqua meeting or mail it to:

Attn. Great Basin Young Chautauqua  
Nevada Humanities  
P. O. Box 8029  
Reno, NV 89507

775-784-6587 ♦ nevadahumanities.org ♦ onlinenevada.org ♦ youngchautauqua@gmail.com