

SECTION FOUR

NON-SCHOOL ACTIVITIES

Please provide information on your membership and participation in activities outside of school.

ACTIVITY	YEARS	REMARKS

STATEMENT OF APPLICANT, PARENT OR GUARDIAN

We have examined this application and verify that the responses contained here are true, complete and accurate.

I hereby give my consent to Equitable Reserve Association to use my name and/or photograph in its publications.

Date _____

Signed _____
Applicant

Date _____

Signed _____
Parent or Guardian

(These signatures are to be affixed prior to forwarding the application to high school officials.)

