

PARTICIPATION FORM

Youth Name: _____
Telephone number: _____
Email address: _____

Event: _____
Date: _____
Time: From: _____ To: _____

Signature of Supervisor or Organizer: _____
Telephone and/or email information: _____

Comments from Supervisor/Organizer regarding Youth Member's time served as an ambassador for RMRHA at your event: _____

Comments and/or suggestions from Youth Member regarding the event itself and interest in participating in future events of this kind: _____

**IN ORDER TO RECEIVE PARTICIPATION AND/OR FUNDRAISER CREDIT,
YOU MUST COMPLETE THIS FORM AND RETURN IT TO THE YOUTH
DIRECTOR WITHIN 14 DAYS OF THE EVENT.**

**Chad Hartmann
16397 W. 76th Ave.
Arvada, CO 80007
(303) 456-5358**