



**Omega Psi Phi Fraternity, Inc., Fatherhood Initiative & Mentoring  
Male Youth (6<sup>th</sup> – 12<sup>th</sup> Grade) Leadership Conference Registration**

Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address (Apt#) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian will participate in conference    yes \_\_\_\_\_    no \_\_\_\_\_

Parents (father) first Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent (mother) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Live w/Single Parent \_\_\_\_\_ Live w/Both Parents \_\_\_\_\_ Live w/Guardian \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

School Organization/Activity Participation \_\_\_\_\_

Do you hold school leadership positions, i.e., Captain, President etc, Yes \_\_\_\_\_ No \_\_\_\_\_?

Favorite School Subject \_\_\_\_\_ Weakest School Subject \_\_\_\_\_

Goals: Attend College \_\_\_\_\_ Own a business \_\_\_\_\_ Enlist in Military \_\_\_\_\_ Attend Vocation School \_\_\_\_\_  
Work after High School \_\_\_\_\_ Politics \_\_\_\_\_ Public Service \_\_\_\_\_ Teach \_\_\_\_\_ Other \_\_\_\_\_

Parents/Guardian signature acknowledges and authorizes the above youth applicant to participate in the youth conference.

\_\_\_\_\_  
Sign, Parental/Guardian Consent                      Sign, Male Youth Participant                      Date

**REGISTRATION can be completed on line at [www.sigmaphichapter.com](http://www.sigmaphichapter.com), [omegaiotaiotaques.wix.com](http://omegaiotaiotaques.wix.com) or [www.alabamaques.org](http://www.alabamaques.org) . Also, please return the application by April 25, 2019 to Carey Hale by email at [haleque88@yahoo.com](mailto:haleque88@yahoo.com).**