

StJ Student Leadership Team

Leadership Academy Sign-Up Information Sheet

(PLEASE PRINT)

Student's Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Parent's Cell: _____

Parent's Email Address: _____

Student's Current Grade Level: _____

Student's Cell Number: _____

Student's Email Address: _____

Please Acknowledge and Agree That: Upon accepting this invitation to become part of the Student Leadership Team that I will commit myself, to the very best of my ability to completing both phases of the program, and that I pledge to fully become part of St. Jude Student Ministry's Leadership Team. I further agree and commit to planning and participating in future events, and service and mission centered endeavors.

Student's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____