

July 19 - July 22, 2010

*Riverside Presbyterian Church  
849 Park Street  
Jacksonville, FL 32204*

Monday 8-5  
Tuesday 9-5  
Wednesday 9-5  
Thursday 9-9



**Global Citizens, Different Together**

## Delegate Application Form

*Please complete each section fully and accurately.*

First Name:	Middle Initial:	Last Name:		
The name I prefer to be called is:		Date of Birth:		
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender			
Home Address:	City:	State:	Zip:	
Home Telephone:	Cellphone:			
Email Address:				
High School:	Grade for 20100/2011 School Year: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Please Check box			
<i>To ensure diversity at OneJax's Metrotown Institute, please provide the following information:</i>				
Cultural/Racial Heritage:				
Religious/Faith Affiliation:				
I have participated in an OneJax event before: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which event/s?		
How did you hear about Metrotown Institute?				
T-Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/> 2X Large <input type="checkbox"/> 3X Large				

### **MY SPONSOR INFORMATION**

A **Sponsor** is a guidance counselor, teacher, youth group leader, religious leader, or parent who knows you and can support your participation in this year's Metrotown Experience.

Name of Sponsor:	Telephone:
Organization:	Position Title:
Sponsor Address:	Email Address:
Sponsor's Signature:	Date Signed:

Relationship to Applicant:

**\*\*ALL SECTIONS SHOULD BE COMPLETED AND RETURNED AS SOON AS POSSIBLE, BUT NOT LATER THAN July 9, 2010\*\***

\_\_\_\_\_  
**Name of Applicant** (Print or Type)

## Parent/Guardian Consent

I give permission to the applicant named above to participate in OneJax's Metrotown Institute.

\_\_\_\_\_  
**Name of Parent/Guardian** (Print or Type)

\_\_\_\_\_  
**Signature of Parent/Guardian**

### PAYMENT INFORMATION

Please make checks payable to *OneJax*.

- ⇒ Before June 25, 2010, a non-refundable charge of \$25 will be assessed for administrative costs.
- ⇒ After July 2, 2010, no refunds will be issued.

\$150 registration enclosed

Sponsor's contribution enclosed: \$ \_\_\_\_\_

I would like to be considered for financial assistance. Please send a financial assistance application form.

I need transportation:  Morning  Afternoon

**All Application Forms should be completed and returned soon as possible, but not later than July 9, 2010 to:**

OneJax  
1022 Park Street, Suite 302  
Jacksonville, Florida 32204  
(904) 354-1529 . fax (904) 354-2352  
www.onejax.org . info@onejax.org

# OneJax's Metrotown Institute of 2010

Please briefly answer the following questions in two or three sentences. There are no wrong answers.

Why do you want to participate in Metrotown Institute?

What are your biggest concerns about living in a world of very different people?

Name someone in your life who has taught you about friendship:

Why did you select this person? What did they teach you?

List 3 things that are special about you:

1)

2)

3)

If you had all the money, time, and resources you needed to make things right in our world, what would you do?

When are you truly happiest?

OneJax's Metrotown Institute of 2010 supported with funding from:



United Way  
of Northeast Florida

