

**Important:** This form will enable you to have an additional HOBY Ambassador attend the Leadership Seminar **with the local HOBY affiliate's approval.**

This guest has been approved by \_\_\_\_\_ from the local HOBY seminar.

**Student Information** (please PRINT clearly or type)

Mr./  Ms. \_\_\_\_\_  
First Middle Last

U.S. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Do not abbreviate

Home Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Please provide to receive an electronic confirmation of your registration

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

T-shirt Size:  S  M  L  XL  XXL  XXXL

Country of Origin (for statistical purpose only): \_\_\_\_\_

Please keep me off the list to receive outstanding offers from HOBY approved companies, partners, scholarships, and affiliates.

**Host Parent or Guardian Information**

Mother or Guardian's Name: \_\_\_\_\_

Phone: (H) ( ) \_\_\_\_\_ (C) ( ) \_\_\_\_\_

(B) ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Title/Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: (H) ( ) \_\_\_\_\_ (C) ( ) \_\_\_\_\_

(B) ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Title/Employer: \_\_\_\_\_

**U.S. School Information**

High School Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ School County: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
For confirmation of student registration

Principal Name: \_\_\_\_\_

Principal E-mail: \_\_\_\_\_

School Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Local Newspaper: \_\_\_\_\_

Newspaper Website or Email: \_\_\_\_\_

HOBY School ID: \_\_\_\_\_ Site Code: \_\_\_\_\_

- Student must be able to attend the assigned seminar for the entire weekend, including overnight.
- Seminar dates and locations, as well as your local HOBY contact, are posted on [www.hoby.org](http://www.hoby.org).
- How did you learn about HOBY's State Leadership Development Programs?
  - Internet  Overseas Partner
  - E-mail  HOBY.org
  - Field Staff  Other: \_\_\_\_\_

**Please retain a copy of this form.**  
**Mail or fax this form with fee payable to**  
**"Hugh O'Brian Youth Leadership"**  
**10880 Wilshire Blvd., Suite 410**  
**Los Angeles, CA 90024**  
**Fax: 310-475-5426 (does not require a cover sheet)**  
**Phone: 310-474-4370, ext. 400**

**Payment Information** (Note: Student is not **officially** registered until payment is received)

Payer Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment is:  Enclosed  Purchase Order # \_\_\_\_\_  Check # \_\_\_\_\_  Credit Card (see below)

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Visa  MC  Am/Ex  Discover / Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_