

**This is a fill-in form.**  
Please type in your information. Copy the form, and mail it along to the TACSC Office with your fees and other forms.

## DELEGATE QUESTIONNAIRE

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Grade in Sept \_\_\_\_\_

Address \_\_\_\_\_  
*No. Street City State Zip*

Phone Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_

Diocese \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

How should mail to your parent(s) be addressed? Indicate below.

Check: \_\_\_ Mr. & Mrs. \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms.

Name(s) \_\_\_\_\_ Parent Email: \_\_\_\_\_

What office or leadership positions will you hold in September? \_\_\_\_\_

What office or leadership positions have you held in the past? \_\_\_\_\_

List any extra-curricular activities in which you are involved. \_\_\_\_\_

List any honors you have received. \_\_\_\_\_

Name your hobbies. \_\_\_\_\_

Why are you coming to this Summer Leadership Training Program? \_\_\_\_\_

Name one goal you have as a leader next year. \_\_\_\_\_