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______________________________________________________
Printed Name (Name of participant)

______________________________________________________  ________________
Signature (Parental signature required below if under age 18)       Date

________________________________________
Project PIN

______________________________________________________
Mailing Address

________________________________________  ____________  ____________
City                                      State    Zip Code

________________________________________
Phone Number

I hereby certify that I am the parent or legal guardian of ____________________________________________
and I do give my consent on his/her behalf.

________________________________________  ________________
Signature of parent or guardian    Date

*Note: All bolded and underlined items will describe each individual region.