



AZYLC 2018

**Military Order of the World Wars (MOWW)
June 26th-30th at the ASU West Campus**

Name: _____ AGE: _____
First MI Last (on June 1 2018)

Gender: _____ 2017/18 GRADE: _____ T-Shirt size: SM MED LG XL XXL

Address: _____ () _____
Street/PO Box City State Zip Phone #

E-Mail: _____ () _____
Text?

Approval of Parent/Guardian _____ Date _____
Signature

Name of Parent/Guardian _____
First MI Last (Please Print)

Approval of High School Instructor: _____ Date _____
Signature

Name of High School, Counselor/Instructor's name & Title, EMAIL and Phone Number

The following information will be used to assign you to rooms, and groups. Please give as much data as possible using a separate sheet.

1. Leadership positions you have held or now hold
2. Co-curricular/extra-curricular activities
3. Short Term Goals
4. Long Term Goals
5. Where do you expect to be in 10 years?

* Student/Applicant Signature _____

Approval (signature): _____ Approving Official Title: _____

Sponsoring MOWW Chapter: _____ Phone: _____