



# AZYLC 2019

**Military Order of the World Wars (MOWW)  
June 24<sup>th</sup>-28<sup>th</sup> at the ASU West Campus**

Name: \_\_\_\_\_ AGE: \_\_\_\_\_  
First MI Last (on June 24, 2019)

Gender: \_\_\_\_\_ 2018/19 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 \_\_\_\_\_  
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Approval (signature): \_\_\_\_\_ Approving Official Title: \_\_\_\_\_

Sponsoring MOWW Chapter: \_\_\_\_\_ Phone: \_\_\_\_\_