

Pamoja International Cultural Exchange, Inc. (PICEI)

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Person to Notify in Case of Emergency / Parent or Guardian authorization

| Name | |
|------------------|--|
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if this application is accepted in the Power Wheel Derby Event, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate rejection.

| Name (printed) | |
|-------------------------|--|
| Authorization Signature | |
| Date | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in this project.