



*Application for Youth Leadership Union  
Fall 2018*

Name \_\_\_\_\_  
Last First Middle

Email \_\_\_\_\_ Phone \_\_\_\_\_ Grade \_\_10 \_\_11(Circle One)

Parent/Guardian(s)  
Name(s) \_\_\_\_\_

Post High School Plans:  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any school, community or other extra-curricular activities in which you are a participant:  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information or comments you would like to include:  
\_\_\_\_\_  
\_\_\_\_\_

**Completed application must be returned to Chamber of Commerce Office at P.O. Box 789 Blairsville, GA 30514 or in person at 129 Union County Recreation Road**