



SENATOR NATHANIEL EXUM

18 YOUTH DAY in Annapolis

SATURDAY
FEBRUARY 10, 2018

8:00 AM - 2:00 PM
**Miller Senate
Office Building**

Embracing & Elevating our FUTURE

THE ANNUAL YOUTH DAY IN ANNAPOLIS IS DESIGNED TO TEACH STUDENTS ABOUT THE POWER OF CIVIC ENGAGEMENT & HOW THE GOVERNMENT WORKS.

STUDENTS WILL:

- TAKE A TOUR OF THE HOUSE & SENATE BUILDINGS
- VOTING ON AND PREPARING MOCK BILLS
- MINI COLLEGE FAIR

**BREAKFAST &
LUNCH PROVIDED**

**REGISTRATION FORM &
WAIVER REQUIRED**

REGISTRATION DEADLINE
January 30th 2018

For more information contact Andy Pierre at Black.Caucus@house.state.md.us



SENATOR NATHANIEL EXUM
YOUTH DAY
in ANNAPOLIS

SATURDAY

February 10, 2018
8:00AM to 2:00PM

REGISTRATION FORM

SUBMISSION
DEADLINE
JANUARY 30th 2018

YOUTH INFORMATION

Full name: _____

School: _____

Grade: _____

Career Goal: _____

Known food allergies: _____

PARENT INFORMATION

Full Name: _____

Contact #: _____

E-Mail: _____

Street Address: _____

City, State, Zip: _____

Will the parent be accompanying the minor

Fax or email completed forms to: 410-841-3019

or black.caucus@house.state.md.us

PHOTO ID REQUIRED

Both student and parent are going to **NEED A PHOTO ID to enter state buildings**



LEGISLATIVE BLACK CAUCUS OF MARYLAND, INC.

The Maryland House of Delegates, 6 Bladen Street, Room 300, Annapolis, Maryland 21401
410-841-3185 • 301-858-3185 • 800-492-7122 Ext. 3185 • Fax 410-841-3175 • 301-858-3175 • Black.Caucus@house.state.md.us

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- Delegate Adrienne A. Jones, District 10
- Delegate Tony Knotts, District 26
- Delegate Jazz Lewis, District 24
- Delegate Robbyn Lewis, District 46
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- Delegate Mary L. Washington, Ph.D., District 43
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Waiver-Adults for Legislative Black Caucus of Maryland, Inc.

I, _____, agree to abide by all the rules and regulations governing the Legislative Black Caucus of Maryland, Inc. and I further agree to indemnify and hold harmless Legislative Black Caucus of Maryland, Inc., its agents, representatives, servants, or employees from and against any and all losses, claims, demands, suites, or actions arising from or in any way due to or connected with my participation in activities of the Legislative Black Caucus of Maryland, Inc. youth activities.

I represent that there are no medical or health conditions preventing my participation in the event.

Name of the Participant: _____

_____ Date

_____ Signature of Parent/Guardian

_____ Cell Phone

_____ Home Phone

_____ Street Address of Parent/Guardian

_____ City/State/Zip



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Delegate Jheanelle Wilkins, District 20

Delegate C.T. Wilson, District 28

Emergency Contact Information

The information provided below will **ONLY** be used in the event of a medical emergency. **Please print clearly** and fill out completely and accurately.

Last Name First Name Middle Initial

Emergency Contact Person Relationship

Street Address

City/State Zip Code

Phone Cellphone

Allergies

Medical Conditions