



**2011 International Youth Development  
Master's Institute  
Application & Registration Form**  
*Deadline for Submission March 22, 2011*



**Please print or type:**

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Last Name First Name

\_\_\_\_\_

Professional Position or Title

\_\_\_\_\_

Organization/Agency

\_\_\_\_\_

Mailing Address City State Zip

\_\_\_\_\_

Office Phone (including area code) Cell Phone (including area code)

\_\_\_\_\_

Email

\_\_\_\_\_

College Degree (if applicable) University/College Major Graduation Date

Please share any experiences you have had with Kids at Hope including trainings, presentations, implementation, etc.

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Biography-please limit to 75 words (what would you like us to know about you?) \_\_\_\_\_

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Anything else we need to know i.e. diet issues/health issues/etc.?

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**Mail or Fax Completed Application to:**  
**Kids at Hope**  
**2400 W. Dunlap Ave. Suite 135**  
**Phoenix, AZ 85021**  
**Fax 602-674-0034 • Phone 602-674-0026 • Toll Free 1-866-275-HOPE**  
**Email: [kim@kidsathope.org](mailto:kim@kidsathope.org)**  
**[www.kidsathope.org](http://www.kidsathope.org)**