



All registration and demographic information will remain confidential and secure

Agency/School Name:

Requested # of Participants :

Primary Contact Name: _____ Email: _____ Main Phone: _____ Agency St Address: _____ # of years participated with YES ____	Secondary Contact Name: _____ Email: _____ Alt Phone: _____ Neighborhood: _____ Zip: _____ Programs used (circle): Operation Snowsports, Outdoor Adventure, Yes Academy
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What percentage of youth at your school, agency, or community center receive these types of government assistance?

TAFDC ____ SNAP ____ Free/Reduced lunch ____

What percentage of youth in your program fall within each income bracket?:

\$0 - \$20,000 ____

\$20,000 - \$38,000 ____

\$38,000 - \$50,000 ____

\$50,000 - \$65,000 ____

\$65,000+ ____

What percentage of youth in your program fall into these housing categories?:

Homeless ____

Migrant ____

Runaway ____

Single-Parent ____

DYS/DCF Involved ____

What percentage of youth in your program are of each ethnicity?:

Caucasian (Non-Latino) ____ African American(Non-Latino) ____ Hispanic ____

Amer. Indian ____ Asian ____ Haitian ____

Cape Verdean ____ Hawaiian/Pacific Islander ____

Please email a scanned copy of this form to **outreach@yeskids.org** or fax it to **(617) 266-6168**
 We will respond to your agency application within **48 hours** regarding next steps