



2019 MCPD Youth Leadership Academy Application

Full Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Date of Birth: _____ School (entering in fall): _____

Grade Level (entering in fall) 6th _____ 7th _____ 8th _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Telephone Number: _____

Allergies / Special Needs: _____

Short Size: (Youth/Adult) S M L XL XXL Shirt Size: S M L XL XXL

Why do you want to attend the MCPD Youth Leadership Academy?

Application Due by June 7th, 2019 at Noon to the Michigan City Police Department

Signature of Applicant: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____