

DELEGATION RECORD FORM 2016-17

Keep a copy for your records and send one with your registrations and your measures before the
December 17 deadline.

Advisor: _____ School/YMCA/Club: _____

Business Address: _____ Phone: _____

E-Mail _____

*List students' names **alphabetically**. Check that forms and fees are included and any remarks (office applied for, scholarship, alternate, etc.) Enclose this form with your registration and measure packets and return to*

Nekole Baurer Family YMCA of Marion and Polk Counties 685 Court Street, Salem, OR 97301

Fax: (503) 399-2789 Email: nbaurer@theyonline.org

Student's Name (in alphabetical order)	Measure Relating To	Reg Form	Code of Conduct	House Form	Fee	Remarks
1.						
2.						
3.						
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