

**CALLING ALL YOUTH AGES 14 - 19!**

**New Light Leadership Coalition, Inc. (NLLC)**  
In Partnership with City Council President Stephanie Rawlings-Blake's Office

Presents the

**Summer 2009**

**Youth Leadership Institute**



**July 20 - 31, 2009**

Monday - Friday from 10:00am - 3:00pm

**Baltimore City Hall**

100 N. Holliday Street · Baltimore, Maryland



**Program Benefits**

- Training to develop your leadership skills
- Service learning hours for graduation
- A mentor to assist with college admissions and career planning
- Attend the 10<sup>th</sup> Annual Youth & College Leadership Summit in Baltimore, MD
- Become a member of NLLC!

**What Will It Cost Me?**

**It's FREE!**

Questions? ☎ Call 410.494.1588 OR 💻 Visit [www.nllc.org](http://www.nllc.org) OR ✉ Email [programs@nllc.org](mailto:programs@nllc.org)



**New Light Leadership Coalition, Inc.**  
"Passion for Youth, Leadership for Change."  
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www.nllc.org • Fax: 1-877-848-8622

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## Summer 2009 Youth Leadership Institute Application and Permission Slip

*Mail or fax completed form to the address or number above.*

Participant Name \_\_\_\_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_\_ Sex  Male  Female

School Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Why do you want to attend the Summer 2009 Youth Leadership Institute? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in having a mentor?  Yes  No If yes, what career(s) are you interested in

learning more about? \_\_\_\_\_

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IF YOU ARE UNDER 18 YEARS OF AGE, YOUR PARENT OR GUARDIAN MUST COMPLETE AND SIGN BELOW:

This is to certify that, \_\_\_\_\_, has permission to participate in the **Summer Youth Leadership Institute** at Baltimore City Hall on the date(s) of **July 20-31, 2009**. I am the parent, one of the parents, or guardian with whom the above child resides and have legal custody.

I release and waive any liabilities against New Light Leadership Coalition and its officers, board members, supervisors, agents, volunteers and/or employees. I acknowledge that these activities may include but are not limited to activities requiring transportation by motorized vehicles. In addition, I grant permission to all of the foregoing to use my child in photographs, recordings, or any other record of this program for any related purpose.

Signature of Parent/Guardian Date \_\_\_\_\_ Date \_\_\_\_\_  
(Student signature if 18 or older)

Emergency Contact Person \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_