

YOUTH SALUTE – Signature Page

Please fill out and mail to: (Mandatory)

Lincoln Trail Leadership Council

2791 Shepherdsville Rd. Elizabethtown, KY 42701

STUDENTS NAME (As it will appear on your display panel)

SCHOOL

Counselor (Mandatory)

I have verified that this student has at least a cumulative 3.0 GPA through the sophomore year and is a current high school junior.

Name of Counselor: _____ Student's GPA: _____

Signature Required: _____ Date: _____

Email: _____

Parent (Mandatory)

I authorize my child's participation in the Youth Salute recognition program and activities. I also authorize the use of my child's photographs in school/community exhibits, publicity releases, and LTYS.org (Lincoln Trail Youth Salute Website)

Name of Parent/Guardian: _____

Signature Required: _____ Date: _____

Email: _____

Student (Mandatory)

I have read the program requirements listed above and agree to participate in all activities of the Youth Salute recognition program.

Name of Student: _____

Student Signature: _____ Date: _____

Email: _____