

POLISH AMERICAN CONGRESS CHARITABLE FOUNDATION

Enclosed is my check for \$450.00, representing a non-refundable deposit payment for

_____ a member of _____
(Child's Name) (Fraternal Organization)

to be accepted in the **YOUTH EDUCATIONAL EXCHANGE IN POLAND.**

NAME: _____ **Age/Birth date** _____

Legal parent or guardian _____ (print Name)

_____ (signature)

HOME ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____ **E-MAIL:** _____