



Touchstone Youth Program, Inc.

Application

First and Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Language: \_\_\_\_\_

What sounds exciting about joining the Touchstone Youth Program?

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What makes you nervous/unsure about joining the Touchstone Youth Program?

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Have you ever participated in other athletic programs or sports? If so, what programs?

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Is there anything that would conflict with your ability to commit to participate twice a week (Tuesday and Thursday-4:05 to 6:05)?

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Is there anything else you would like us to know about you?

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Please return your completed application by \_\_\_\_\_ to either  
[touchstoneyouth@yahoo.com](mailto:touchstoneyouth@yahoo.com) or Touch Em Up Boxing @ 3910 South Kalamath St

**\*\*Please call Alysa with any questions at 303-204-1362\*\***

Thank you for your interest in TYP!!!!