

City of Osage Beach

2019 Citizen's Academy

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Preferred Method of Contact: Home Phone Cell Phone Email

PERSONAL INFORMATION

In case of emergency, please notify:

Name: _____

Phone: _____

Physical Limitations: _____

(Note: There are short walking tours scheduled; however, all areas are handicapped accessible.)

T-Shirt Size: S M L XL 2X 3X

CITIZEN'S ACADEMY RULES

1. Attend **all** 5 sessions
2. Arrive on time for each session (presentation begins 6 p.m.)
3. Photos, videos and information of participants obtained during the program may be used by the City in marketing efforts.
4. Interact with classmates and participate in activities.
5. HAVE FUN!!!

I have read and understand the "FAQ" sheet and I agree to abide by the rules set forth in this registration form.

Printed Name: _____

Signature: _____ Date: _____

Return form to Osage Beach City Hall or email form to aquade@osagebeach.org