



LEAGUE OF UNITED LATIN AMERICAN CITIZENS
2024 YOUTH CHARTER OR RE-CHARTER APPLICATION
CONTACT INFORMATION FORM

Youth Council Number _____ District _____

Name of Youth Council _____

Name of Sponsoring Adult Council & Number _____

Complete all the required information for the principal point of contact. All correspondence will be sent to this address. The address is usually the president or sponsoring adult.

Name _____

Council Office (President, VP, etc.) _____

Home Phone _____

Cellular Phone _____

Address _____

City _____ State _____ Zip _____

Email _____