

# Fruit Loopz Youth Stage 2011: Hosts Submission Form

Please print this page, fill it out-then, along with any other supporting material, send it to **Afi Browne** at [fruitloopz2011@gmail.com](mailto:fruitloopz2011@gmail.com)

or drop it off at: **333 Sherbourne St. 2<sup>nd</sup> FLR—Sherbourne Health Centre (south of Carlton), 'Attention Fruit Loopz', OR FAX TO 416-324-4262**

If you have any questions, contact **Afi @ 416-324-4100 ext**

*\*\*Fruit Loopz actively encourages submissions from trans youth, racialized youth, and youth from outside Toronto.\*\**

**YOUR NAME:**

**YOUR AGE:**

**YOUR CONTACT INFO:**

**HAVE YOU VOLUNTEERED/PERFORMED AT FRUITLOOPZ BEFORE?**

**WHICH YEARS DID YOU PERFORM/VOLUNTEER?**

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**SUBMISSIONS ARE DUE BACK BY FRIDAY APRIL 15<sup>TH</sup> 2011**

**Why would you like to be a Host for Fruit Loopz:**

What skills, knowledge or experiences do you have that might be useful?

Is there anything we can do to make your experience with Fruit Loopz more accessible?

**BIO: (Please provide a \*50-word\* bio that we can use in Fruit Loopz Youth Stage program. Attach an additional sheet if necessary.)**

**YOU MUST SEND YOUR BIO WITH YOUR SUBMISSION!**

**Waiver:**

Do you give Fruit Loopz permission to print or advertise your name? **Yes | No**

Do you give Fruit Loopz permission to use photos or images of you for publicity purposes? **Yes | No**

**Contact Person (please print clearly):**

**Phone number (where we can reach you or leave messages during the day):**

**Signature:**

**Date:**