



# CTLT Pre-Application

## Participant Information:

Name			
Street Address			
City, State, Zip			
Home Phone			
Cell Phone			
Date of Birth		Current Age:	<input type="radio"/> Male <input type="radio"/> Female
School Attending		Grade:	

Has the applicant stayed at overnight events in the past? Y or N

Does the applicant have any physical restrictions, medical needs, or allergies? Y or N  
(Ex. Takes medications, needs special equipment, or special care)

If yes, provide a brief explanation:

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Briefly tell us why the applicant would benefit from participation in this program?

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## Parent/Legal Guardian Information

Name	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email Address	

Name	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email Address	

## Emergency Contact

Name	
Phone Number	
Relationship	

## Agreement and Signature

I understand this application is for consideration of the STAR Committee. If this applicant is selected for participation in the program, a more detailed application and personal interview will be required. Parents or legal guardians, as well as the participant, will be required to participate in the follow-up interview and application process. If selected there is no cost to participate in this program.

Name (Printed):
Signature:
Date:

Children Today Leaders Tomorrow is provided by  
Chesapeake Sheriff Jim O'Sullivan

### Contact Information

STAR Program

P.O. Box 15125

Chesapeake, VA 23328

757-382-2818

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[WWW.CTLTYOUTH.COM](http://WWW.CTLTYOUTH.COM)