

Name:	_ School:	
Email:	Phone:	_ Zip:
Are you registered to vote?		
Name:	_ School:	
Email:	Phone:	_ Zip:
Are you registered to vote?		
Name:	_ School:	
Email:	Phone:	_ Zip:
Are you registered to vote? \square Yes \square No		
Name:	_ School:	_
Email:	Phone:	_ Zip:
Are you registered to vote?		
Name:	_ School:	
Email:	Phone:	_ Zip:
Are you registered to vote? \square Yes \square No		
Name:	School:	
Email:	Phone:	_ Zip:
Are you registered to vote?		
Name:	_ School:	
Email:	Phone:	_ Zip:
Are you registered to vote?		
Name:	_ School:	
Email:	Phone:	_ Zip:
Are you registered to vote? Yes No		
Name:	School:	
Email:	Phone:	_ Zip:
Are you registered to vote? Ves No		