

Alpha Upsilon Zeta Chapter
Zeta Phi Beta Sorority, Incorporated
P.O. 10668
Tallahassee, Florida 32302



Youth Auxiliary Application

Archonettes (Ages 14 - 18) Amicettes (Ages 9 - 13) Pearlettes (Ages 4 - 8)

Girls Information:

Name: _____ Age: _____
Mailing Address: _____ Date of Birth: _____
_____ School: _____
_____ Grade: _____
Home Phone: _____ GPA: _____
Girl's Cell Phone: _____ Activities: _____
E-Mail: _____ Shirt Size: _____ Youth Adult
Hobbies: _____
Community Service: _____
Employment: _____ Schedule: _____

Please enclose a copy of your daughter's latest report card (not required for Pearlettes).

Parent/Legal Guardian Information:

Name: _____
Mailing Address: _____
_____ Home Phone: _____ Cell Phone: _____
E-Mail: _____ Work Phone: _____

Affiliations:

Is anyone in your family a member of Zeta Phi Beta Sorority, Incorporated, or Phi Beta Sigma Fraternity, Incorporated? (Including Auxiliaries, Amicae, Youth, Sigma Beta Club, etc.)

Name: _____ Affiliation: _____
Name: _____ Affiliation: _____
Name: _____ Affiliation: _____

Recommended for membership by (not required) _____

I authorize my daughter _____ to participate in the Youth Program of Alpha Upsilon Zeta Chapter of Zeta Phi Beta Sorority, Incorporated.

Do Do Not Authorize my daughter's Youth Program Advisor to tutor/mentor my child (if needed) at her school or other approved location.

Parent/Legal Guardian Name: _____
(Please Print Your Name)

Signature: _____ Date: _____

Please list names of persons authorized to pick up your daughter:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____