



Environmental Institute of Houston

Youth Birding Club

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Attendee Name: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Phone Number: _____

Funding for this program is provided by Texas Parks & Wildlife Department Co-Op Grant, which requires that we request the following information. Your answers will remain confidential and used solely for purposes of reporting numbers to TPWD.

1. Race and Ethnicity (check all that apply)
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other: _____
2. Yes No Does your family qualify for free or reduced-price school meals?
3. Yes No Is your child a person with a disability?
4. Gender: Female Male



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