



Please return application to:  
Community Tampa Bay  
2727 Ulmerton Road, Suite 200  
Clearwater, FL 33762  
P 727-568-9333 EXT.1004  
F 727-568-0533

[www.communitytampabay.org](http://www.communitytampabay.org)

Sam: [sam@communitytampabay.org](mailto:sam@communitytampabay.org)

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## ANYTOWN® APPLICATION

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**We are so excited that you have chosen to apply to ANYTOWN®!!!**

ANYTOWN® empowers thousands of young people to create more inclusive and just schools and communities where everyone is treated with respect and understanding. ANYTOWN® begins each summer with an intensive residential program and continues with a year of ongoing opportunities for service and leadership development utilizing the skills and attitudes developed at ANYTOWN®. Community Tampa Bay brings together a diverse mix of students and staff from a wide variety of backgrounds to create each program week.

**All youth ages 14-18 or entering grades 9-12 during the 2018-2019 school year are encouraged to apply.**

### How do I apply?

- ANYTOWN® Application: Complete the full application (including all signatures and optional payment) and return via email, fax, or mail. **Applications will be accepted until each session is filled with a diverse class of youth.** Please note required signatures on pages 4, 5, 6.
- Optional ANYTOWN® Program Fees: Each participant pays what they can toward the cost of the program. Call the office if you have any questions about pricing. See page 7. **All students will be considered for acceptance, regardless of income.**
- ANYTOWN® Information Sessions: Information sessions are available for parents, guardians and potential delegates with programmatic questions. Information session attendance is optional and does not affect acceptance into the program.  
**Call to confirm a seat for a session, if you plan to attend.** All sessions are 4:00-6:00pm.

HILLSBOROUGH Information Session: Tuesday, April 17, 2018

PINELLAS Information Session: Tuesday, May 15, 2018

Additional information sessions will be added until all sessions are full. **Call for additional details P 727-240-3307.**

- ANYTOWN® Year-Round Programming: Our Year-Round ANYTOWN® program dates will be announced soon. **There are no additional fees to attend these leadership opportunities.** Participation in Year-Round ANYTOWN® is only for ANYTOWN® graduates and volunteers. Opportunities will facilitate skill-building around leadership & advocacy, service learning opportunities and social community building events.

***ANYTOWN® is held at Eckerd College and bus transportation is provided at no cost. Bus information including bus stops and times, and packing list will be provided upon acceptance. Participants are not allowed to drive themselves and must be dropped off and picked up, or must take the transportation provided by the program.***

“I have been trying to find a place where I belong, and I found it here.”

– 2017 ANYTOWN® Graduate



# Participant Application

Community Tampa Bay's mission is to cultivate inclusive leaders to change communities through dialogue and cross-cultural interactions.  
We envision a community free from all forms of discrimination.

**GENERAL APPLICATION INSTRUCTIONS**

Please print clearly and legibly. All questions must be answered factually and completely. Mark "N/A" to any question that does not pertain to you. Do not leave any questions blank. Remember to sign the application in the space provided at the end of the form. Any participant under the age of 18 must have parent consent and signature, unless they are an emancipated minor.

Name of Applicant \_\_\_\_\_  
First Name
Middle Name
Last Name

What do you want us to call you? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Can Receive Text? Y\_\_ N\_\_

Applicant's Email Address \_\_\_\_\_ Alternate Email Address \_\_\_\_\_

Best way to reach you? (circle) Home Phone Cell Phone Texting Email Facebook Other

Are you an emancipated minor? Y \_\_\_\_ N \_\_\_\_ (If you answered Y to this question, you are not required to fill in the next box)

Parent(s) or Guardian(s) Name \_\_\_\_\_

Relationship (e.g. Mother, Uncle, Foster Parent, etc.) \_\_\_\_\_

Parent Address (if different from above) \_\_\_\_\_

Parent Home Phone (\_\_\_\_\_) \_\_\_\_\_ Parent Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Can Receive Text? Y\_\_ N\_\_

Parent Work Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Parent's Email Address \_\_\_\_\_

Best way to reach you? (circle) Home Phone Cell Phone Texting Email Facebook Other

Please list TWO other emergency contacts (different from parent/guardian above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**ANYTOWN RESIDENTIAL WEEK PREFERENCE:**

Indicate first and second choice of weeks. Please only mark sessions you are available for.

Session 1: Mon., June 25 – Fri., June 29  Session 2: Mon., July 9 – Fri., July 13

Has Applicant previously attended our residential ANYTOWN® program? Yes \_\_\_\_ No \_\_\_\_ If so, when? \_\_\_\_\_

T-Shirt Size: (circle one) S M L XL 2X 3X

**HOW DID YOU HEAR ABOUT US? Please mark all that apply.**

Friend  Family Member  School Teacher/Administrator  Program at School  Community Tampa Bay Website  
 Community Tampa Bay Staff/Volunteer  Facebook, Twitter, Other Social Media  Other (please specify) \_\_\_\_\_

Please name the individual who introduced you to us. \_\_\_\_\_

Were you referred by an ANYTOWN graduate or volunteer?  Yes  No Who? \_\_\_\_\_

Were you referred by a Community Organization?  Yes  No What organization? \_\_\_\_\_

**DEMOGRAPHIC INFORMATION:** *Please note all data is collected to ensure program diversity, and to provide demographic information to our funders. All data provided will remain confidential and is required for applications to be considered complete.*

- 1) **GENDER:**  Woman  Man  Trans\*/Non-Binary \_\_\_\_\_ Other (please specify) **DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/ dd/ yy)  
**PRONOUNS:**  She/Her/Hers  He/Him/His  They/Them/Theirs \_\_\_\_\_ Other (please specify)
- 2) **ETHNICITY:**  
 European American  Latin(o/a/x)/Hispanic  Native American/First Nations/Indigenous  Middle Eastern American  
 Multi-Ethnic / Multi-Racial  African American  Asian American/Pacific Islander  Other (please specify) \_\_\_\_\_
- 3) **RACE:**  White  Black  Person of Color (who is not racially black)  Other (please specify) \_\_\_\_\_
- 4) **FAITH OR RELIGIOUS AFFILIATION:**  
 Agnostic  Atheist  Buddhist  Christian  Hindu  Jewish  Muslim  Spiritual  
Other (please specify) \_\_\_\_\_
- 5) **GRADE APPLICANT WILL BE ENTERING IN THE FALL:**  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>
- 6) **SCHOOL APPLICANT WILL BE ATTENDING IN THE FALL:** \_\_\_\_\_
- 7) **HIGH SCHOOL GRADUATION YEAR:** \_\_\_\_\_ **SCHOOL:**  Public  Private  Charter  Homeschool
- 8) **CHECK ALL THAT APPLY (Does not affect acceptance into program):**  
 Advanced Placement (AP)  International Baccalaureate (IB)  Other Magnet / Fundamental Program
- 9) **SCHOOL LUNCH PROGRAM:** (select one)  Free  Reduced  N/A
- 10) **LANGUAGE(S) SPOKEN AT HOME:** \_\_\_\_\_
- 11) **DO YOU IDENTIFY AS A PERSON WITH DISABILITIES OR AS SOMEONE WHO IS DIFFERENTLY-ABLED?**  
 No  Yes (please specify) \_\_\_\_\_

Reasonable accommodations can be provided on request to ensure programming is as accessible as possible for all individuals regardless of ability.

**PINELLAS COUNTY ONLY:** Students in Pinellas County will receive a ½ Social Studies **non-weighted** credit after completing the ANYTOWN® residential program. DOB and SS# are both required to receive credit. If you do **NOT** wish the 0.5 credit to be used for determining your class ranking, please speak to your high school guidance counselor OR do not provide your SS#.

Social Security # \_\_\_\_\_

**MANDATORY QUESTION FOR APPLICANTS:** What should we know about you before you come to ANYTOWN®?

### REFERENCE

**Youth must list the reference of a caring adult (a non-relative; for example: teacher, faith leader, mentor or after school leader) who recommends that you attend ANYTOWN®. Please have them provide at least one form of contact.**

Name: \_\_\_\_\_ Position / Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Reference Email Address: \_\_\_\_\_

(Optional) Comments about applicant attending the program (can be attached):

## HEALTH HISTORY AND MEDICAL RELEASE FORM

The information on this form is not part of the Applicant acceptance process. This information is gathered to assist in identifying appropriate care for the Applicant. All medical information is confidential. This form must be completed by the parent(s)/guardian of minors and by any adult program Applicant. Keep a copy of the completed form for your records. Any changes to this form should be provided to the Program Director prior to the Applicant's involvement in the residential program. Please make sure you provide detailed, complete and accurate information so that the staff members are aware of your child's needs. This form is kept on-site during the program.

ALLERGIES	REACTION	HOW DO YOU MANAGE THIS?
Medication:		
Food:		
Environment:		
Other:		

**Are there any other relevant medical conditions or medical information ANYTOWN® staff should know, including but not limited to:**

- Physical conditions (e.g. recent injuries)
- Recent or routine medical treatment(s) including testosterone or estrogen treatments
- Medical conditions (e.g. asthma, diabetes, etc.)
- Mental health conditions including those that have required therapy or professional health counseling
- Anything else that may restrict your participation in ANYTOWN®

**Dietary Needs?** \_\_\_\_\_

### MEDICATIONS:

Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire duration of the program. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Does this applicant take medications on a routine basis? \_\_\_ Yes \_\_\_ No (Does **NOT** include medications that are taken "as needed")

If YES please provide the following information: (Attach additional pages for more medications.)

Medication Name	Dosage	Specific Times Taken Each Day	Reason for Taking	Prescription Medication	Over-the-counter Medication
				Y/N	Y/N
				Y/N	Y/N
				Y/N	Y/N
				Y/N	Y/N

Identify any medications taken during the school year that Applicant does/may not take during the summer: \_\_\_\_\_

*NOTE: Please fill out as accurately as possible. If medication information is NOT correct, and participant either does not bring prescribed medication, brings a different kind than is listed here, or otherwise has medication that does not match this application, we will be required to contact you during ANYTOWN®, taking time away from our programming and your child's experience to clarify medications. **Please contact Community Tampa Bay should anything change before the ANYTOWN® session.***

## INSURANCE INFORMATION

Is the Applicant covered by family medical/hospital insurance? \_\_\_\_ Yes \_\_\_\_ No

If YES, indicate the insurance carrier/plan name: \_\_\_\_\_

## AUTHORIZATION TO ADMINISTER MEDICATIONS

We carry the following over the counter medications at ANYTOWN®. Please check the medications your child MAY receive as needed or check the first box if any medicine on this form can be provided:

**All medicine listed below may be administered as needed**

- Vicks Nyquil liquid (active ingredients: acetaminophen, dextromethorphan, doxylamine succinate, pseudoephedrine)
- Vicks Dayquil liquid caps (active ingredients: acetaminophen, dextromethorphan, doxylamine succinate, pseudoephedrine)
- Antibacterial- GERM-X or generic (active ingredient: ethyl alcohol)
- Cortizone 10 (active ingredient: hydrocortisone)
- Calamine Spray (active ingredient: calamine, camphor, and benzocaine)
- Bengay (active ingredient: menthol)
- Triple Antibiotic ointment (active ingredients: bacitracin zinc)
- Burn Cream (active ingredients: phenol, allantoin, benzyl alcohol, and benzocaine)
- Burn Spray (active ingredient: Lidocaine)
- Visine-advance relief (active ingredient: Dextran)
- Kanka-mouth pain (active ingredient: benzocaine)
- Alka-Seltzer (active ingredient: anhydrous citric acid, aspirin, and sodium bicarbonate)
- Pepto-Bismol (active ingredient: bismuth subsalicylate)
- Benadryl Allergy (active ingredient: diphenhydramine)
- Claritin Clear (active ingredient: laratadine)
- Tylenol or generic (active ingredient: acetaminophen)
- Aleve or generic (active ingredient: naproxen sodium)
- Midol (active ingredient: acetaminophen, caffeine, pyrilamine maleate)
- Bug spray (active ingredient: deet)
- Cough Drops (active ingredient: menthol)
- Chloraseptic throat spray (active ingredient: phenol, glycerin)
- Imodium anti-diarrheal (active ingredient: Loperamide HCl)
- Advil / Motrin (active ingredient: ibuprofen)
  
- NO permission for any medications to be administered**

## PARENT/GUARDIAN MEDICATION AUTHORIZATION:

I, parent or guardian of \_\_\_\_\_ (the "Applicant") expressly authorizes any Community Tampa Bay representative to administer to the Applicant the medications I have listed in the Community Tampa Bay Application that was submitted by the Applicant or checked on the list above. All medication prescribed or over the counter must be given to volunteer staff upon arrival.

I further authorize and grant permission for any Community Tampa Bay representative to contact the prescribing physician(s) (or their designee) for such medication(s) in order to exchange information concerning the medication(s) listed in the Community Tampa Bay Programs Application.

The information provided on this form is correct and complete to the best of my knowledge, and I authorize the release of the medical information on this form as is pertinent to my child's condition. Moreover, the applicant has permission to engage in program activities except as noted on this "Health History and Medical Release Form.

Signature \_\_\_\_\_

## EMERGENCY RELEASE AGREEMENT

*A parent /guardian MUST sign this emergency release agreement for any Applicant who is younger than 18 years old.*

### **Permission to Provide Necessary Medical Treatment or Emergency Care:**

If any accident, injury or illness occurs which, in the sole judgment of Community Tampa Bay representatives, requires immediate medical attention, I hereby consent for any Community Tampa Bay representative to obtain such emergency treatment, including hospitalization for my child. I further consent to have my child transported to a medical facility and to the signing of any releases by Community Tampa Bay representatives that may be required by any medical care provider. I understand that every effort will be made to notify me in the event of an emergency. In the event I cannot be reached in an emergency, however, I hereby expressly give permission to the physician or medical facility selected by the Executive Director or Program Director to secure and administer treatment, including hospitalization. The medical information I have provided above is complete and accurate to the best of my knowledge.

Signature \_\_\_\_\_

## PROGRAM PARTICIPATION CONSENT AND RELEASE FORM

**PLEASE READ THIS FORM CAREFULLY BEFORE SIGNING.** *If the applicant is under 18 years of age, BOTH the applicant and their parent/guardian must sign.* If either signature is missing, the application **will not be processed.**

*In consideration for Community Tampa Bay's arranging this opportunity to participate in ANYTOWN® and having read and understood this consent and release form, I (parent/guardian)\_\_\_\_\_ hereby agree to the following:*

I understand that ANYTOWN® is a youth leadership and diversity education program that deals with sensitive subject matters. Discussion topics may include values clarification, self-reflection, stereotypes and prejudice, interpersonal communication, identity, racism, sexism, homophobia, classism, genocide, power and privilege, and other issues of social justice. My/my child's participation in ANYTOWN® is entirely voluntary and I am/my child is under no obligation to take part in the program. I realize that the ANYTOWN® program is exclusively under the auspices of Community Tampa Bay and is their sole responsibility although the program is located on the Eckerd College campus.

I understand that Participants may find ANYTOWN® to be an emotional experience. Throughout the program, Participants may experience confusion, anger, joy, sadness, frustration, hope and other emotions as they learn about the impact discrimination has on the lives of individuals. I affirm that I/my child has no known mental or emotional conditions or sensitivities that would interfere with participation and that I/my child is capable of handling the subject matter and emotional nature of this program.

I agree to inform Community Tampa Bay of any changes in my/my child's medical information as stated in the Health History and Medical Release Form. I understand that in an emergency situation, there is a possibility that I/my child may be transported by Community Tampa Bay employees, volunteers or representatives if the situation would warrant it. I also understand that, although Community Tampa Bay has used great care to provide organization, supervision, instruction, and equipment for each activity, it is impossible for Community Tampa Bay to guarantee Participants' absolute safety. I acknowledge that each Participant shares the responsibility for making an activity a safe experience for all Participants through appropriate behavior and conduct. I/my child agree(s) to follow directions of the activity leaders at ANYTOWN® and not deviate from the planned activities. I understand that Community Tampa Bay reserves the right to dismiss me/my child from ANYTOWN® for any reason, including but not limited to verbal and physical aggression against any ANYTOWN® representative or other Participant, failure to follow safety or program instructions, or for any other disruptive behavior, if, in Community Tampa Bay's sole discretion, my/my child's continued participation would threaten the success of the program. If the Executive Director or Program Director must send my child home for any reason, I agree to pick up my child within four (4) hours of the Director's call. I understand that I may be called at any time of the night or day to arrange for my child's transportation home and that I will be responsible for all costs associated with such transportation.

I have fully investigated the nature of ANYTOWN® and agree that I/my child will assume the risks of injury or damage that are inherent in any activity and that may occur as part of participation in the program. I understand that no insurance coverage may exist through Community Tampa Bay to cover any claims that may arise out of my/my child's participation in ANYTOWN®. I agree to bear all financial responsibility for any medical treatment arising from my/my child's participation in ANYTOWN®.

In consideration of the opportunity to participate in ANYTOWN®, I expressly agree and intend that my/my child's participation in ANYTOWN® shall be undertaken at my/my child's own risk and that none of Community Tampa Bay, its officers, directors, employees, lessors, volunteers, agents or assigns shall be liable for any losses, injuries, damages, claims, demands, actions or causes of action whatsoever which may arise out of or in connection with my/my child's participation in ANYTOWN®, whether from acts of passive or active negligence on my/my child's part, the part of Community Tampa Bay, its officers, directors, employees, lessors, volunteers, agents or assigns, or the part of third parties. I do hereby forever release, waive, discharge covenant not to sue, and agree to indemnify and hold harmless Community Tampa Bay, its officers, directors, employees, lessors, volunteers, agents and assigns (the "releases") for any such losses, injuries, damages, claims, demands, actions, or causes of action.

It is my express intent that this consent and release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above named Releases. I agree that the terms of this consent and release form shall be construed in accordance with the laws of the state of Florida and that the exclusive jurisdiction and venue for any dispute arising between Community Tampa Bay and me involving this consent and release form shall be in the courts located in Pinellas County, Florida. In the event that any term or provision of this consent and release form is found to be unenforceable or void, in whole or in part, such term or provision shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this consent and release form shall remain in full force and effect.

I understand that in order to prevent harm, maintain order and ensure the safety and well-being of all Participants and ANYTOWN® representatives, I hereby expressly consent and give permission to Community Tampa Bay and the ANYTOWN® representatives to enter and/or search my child's room or personal belongings when there is reasonable evidence of illegal or dangerous items (including but not limited to, weapons, knives, alcohol, illegal drugs, fireworks or explosives) or stolen property. To the extent possible, the Participant will be present during such a search by an ANYTOWN® representative.

**PERSONAL INFORMATION:** All participants receive as a gift, a printed roster with their peers and staff's names to foster community networking and dialogue. Contact information is optional. Participants will have the opportunity during the residential program to review and correct the information that will be shared.

**INITIAL one:**

\_\_\_\_ I DO grant permission for my/my child's name, phone number and additional contact information to be distributed to other Participants on the program roster. See sample below:

Sarah Ogdie  
2727 Ulmerton Rd. Suite 200  
Clearwater, FL 33762  
727-568-9333  
[sarah@communitytampabay.org](mailto:sarah@communitytampabay.org)  
07/13/1988

\_\_\_\_ I DO NOT grant permission for my/my child's phone number and additional contact information to be distributed to other Participants on the program roster. See sample below:

Sarah Ogdie

**PHOTO & VIDEO RELEASE:** All participants receive a complimentary group picture.

I understand that I/my child, alone or with other Participants and/or Community Tampa Bay staff members, volunteers or representatives, may be interviewed, may provide written or oral statements, and/or may be photographed, recorded on film, audio tape, videocassette, or other visual and sound, computerized, telephonic, voice-mail or tape media (photographs and/or sound/image recordings) by Community Tampa Bay and/or others approved by Community Tampa Bay. I hereby consent to the foregoing and grant permission, without reservation, to Community Tampa Bay and/or those approved by Community Tampa Bay, to use, disclose, disseminate, copy, comment on, and/or publicize (i) any photographs, written or oral statements, and/or sound or image recordings; and (ii) my/my child's name, age and city of residence, as Community Tampa Bay may determine in its discretion in connection with furthering its goodwill, public education, promotional and/or fundraising activities, without review or further consent by me or my child and without any monetary compensation to me or my child. I hereby release Community Tampa Bay, its officers, directors, volunteers, employees, licensees, agents and assigns from all claims that I or my child may have, or could in the future have, for any demand, claim, actions or causes of action arising out of the taking and/or use of the photographs and/or sound/image recordings as set forth herein:

**This photo & video consent and release shall continue in effect in perpetuity without expiration or limitation. INITIAL one:**

\_\_\_\_ I DO grant permission, consent and agree to the above photo & video release terms for my/my child's recording/images.

\_\_\_\_ I DO NOT grant permission, consent and agree to the above photo & video release terms for my/my child's recording/images.

**EVALUATION:** Community Tampa Bay asks all participants to provide information that is used to evaluate its effectiveness and quality. This information includes questions about program outcomes and impact. This information is confidential and remains anonymous to the evaluators. Results of the evaluation are used to strengthen the program, educate others on what promotes diversity education and self-reflection in youth. On occasion, this includes the publication of evaluation results in professional and/or research publications. *Your child's participation is extremely helpful for us to ensure the quality of the ANYTOWN® program and related efforts but is NOT required.* Will you allow your child to assist as described above? **INITIAL one:**

\_\_\_\_ YES, I allow for my child to assist by participating in evaluating the ANYTOWN® program.

\_\_\_\_ NO, I do not allow my child to assist by participating in evaluating the ANYTOWN® program.

**FOR APPLICANTS: Agreement to Abide by Restrictions – To Be Read & Signed by Applicant Applying to Attend ANYTOWN®**

**CELL PHONES:** I understand that my safety and comfort are of the utmost importance to the staff of Community Tampa Bay. Experience has shown the use of cell phones during the program is in direct interference with the program goal of promoting dialogue within the delegate class. **Therefore, cell phones must be left at home. All cell phones brought, used, or seen, will be confiscated** and returned at time of departure and Community Tampa Bay is not responsible for any phone lost, broken or stolen once the program begins. Program staff is available to parents by telephone in case of emergency. Staff contact information will be provided at parent information sessions. All parents/guardians will receive a confirmation call upon the safe arrival of their child at the program. **INITIAL one:**

\_\_\_\_ YES, I will leave my cell phone at home or in the care of ANYTOWN® staff or volunteers.

\_\_\_\_ NO, I will not leave my cell phone at home or with ANYTOWN® staff and therefore, will not be going to ANYTOWN®.

I, \_\_\_\_\_, understand and agree to abide by the restrictions placed on my activities during this program. I certify that all application information is true.

**Applicant Signature** \_\_\_\_\_

**PARENTS/GUARDIANS:** In initialing this release, I, \_\_\_\_\_, acknowledge and represent that I have read the foregoing consent and release form, understand it, and initial it voluntarily, and, if signing as a parent/guardian, I affirm that I am at least 18 years of age and competent to sign this consent and release form. I certify that all application information is true.

**Parent Signature** \_\_\_\_\_

## OPTIONAL PROGRAM FEES

**The full cost of the year-long ANYTOWN® program is \$1160 per youth.** This cost includes food, transportation, lodging for the 5-day / 4-night session, materials, staff, supervision and participant gifts of a t-shirt and photo upon completion. In addition, it includes yearlong opportunities for development through additional leadership and diversity education skill-building socials.

**Each participant is asked to contribute what they are able to afford towards this cost.** If each family pays what they can, we will continue to be able to off-set the cost incurred by offering this life-changing program to all students, regardless of socioeconomic status. Community Tampa Bay is grateful for the community donations, corporate sponsorships, school and community support that make this price flexibility possible.

**The option you choose will NOT in any way affect your acceptance to ANYTOWN®. We empower all families to make the financial choice that is right for them.**

**Please select the option that meets your needs:**

- I can pay the **full cost of \$1160** for one participant to attend the year-long ANYTOWN® experience.
- I can pay the **full cost of \$335** for one participant to attend the 5-day / 4-night residential component of ANYTOWN®.
- I can pay the **cost of \$175** for one participant's lodging and meals residentially.
- I can pay the **cost of \$87** for one participant's lodging OR meals residentially.
- I can pay the **cost of \$45** for one participant's supplies, including their t-shirt, lanyard and photograph.
- I can pay the **cost of \$16** for one participant's transportation to and from ANYTOWN®.
- I can **pay a different amount**. I have enclosed (*indicate amount*) \_\_\_\_\_ towards the program fees.
- I am **unable to pay any cost** associated with the program at this time.
- I **have a sponsor**. A business/agency/organization/school is sponsoring me. Please contact (*provide name and number*) \_\_\_\_\_ for more information.

To pay your selected fees, please mail a check to our office:

**Community Tampa Bay  
2727 Ulmerton Road, Suite 200  
Clearwater, FL 33762**

You can also pay online at <http://www.communitytampabay.org>