



Leaders of the Pledge Registration Form

Participant Information:

Full Name: _____
Grade: _____
School Name: _____
Date of Birth (MM/DD/YYYY): _____
Home Address: _____
City: _____ State: _____ ZIP: _____

Parent/Guardian Information:

Full Name: _____
Phone Number: (____) - _____
Email Address: _____

Preferred Dates:

Please indicate your preferred dates for participation in a City Council meeting:

1st Choice: _____
2nd Choice: _____

*Availability is based on a first-come, first-served basis.

Acknowledgment:

By signing below, I confirm that the information provided is accurate to the best of my knowledge. I also acknowledge that participation in the "Leaders of the Pledge" program will involve leading the Pledge of Allegiance at a publicly recorded City Council meeting, and I give permission for the participant's name and/or image to be used for program-related publicity.

Disclaimer:

Participation in the "**Leaders of the Pledge**" program is **not guaranteed** and is subject to the availability and scheduling of City Council meetings. The City Clerk's Office reserves the right to select participants based on the program's needs and availability.

Parent/Guardian Signature: _____
Date: _____

How to Submit Your Form:

Please return this completed form to the City Clerk's Office using one of the following methods:

- **Email:** cityclerk@pico-rivera.org
- **Mail or In-Person:** 6615 Passons Boulevard, Pico Rivera, California 90660

Questions?

Contact the City Clerk's Office at (562) 801-4389 or cityclerk@pico-rivera.org

We look forward to your participation in **Leaders of the Pledge!**