

School year: _____

Pro-Life Youth Group Roster

Pro-Life Youth Group Name: _____

School or Sponsoring Organization name: _____

Address: _____ City: _____ Zip: _____

Officer's Names	E-mail address	Phone number	Grade Level
Adult Advisor's Names	E-mail address	Phone number	
Member's Names	E-mail address	Phone number	Grade Level

Please send copy of this form by mail to:
Youth for Life of Northeast Ohio ♦ 572 W. Market St., Ste 2 ♦ Akron, OH 44303
OR by fax to: **330-762-8222**
OR by e-mail to: **dleipold@rtlofneo.com**

This information will only be used to send communications to your members from YFLNEO.