

# TOM DUNN ENERGY LEADERSHIP ACADEMY



## Participant Questionnaire

Participant Name:

Mailing Address:

Roommate Request:

Tee Shirt Size:  
*(Check One)*

**S**

**M**

**L**

**XL**

**2XL**

Allergies or  
Dietary Requirements:

Disabilities/  
Special Needs:

Other Information:

Number of Parents/  
Guardians for Thursday  
Lunch?