



**High 5 Long Island Application form:**

I am interested in purchasing \$5.00 tickets to cultural events. Please register me as a High 5 Long Island student. I am between 13 and 19 years of age and **have enclosed proof of my age.**

Name: \_\_\_\_\_ E Mail Address \_\_\_\_\_

Address: \_\_\_\_\_

Town & Zip \_\_\_\_\_ Phone #: \_\_\_\_\_

Birth date: \_\_\_\_\_ Name of School: \_\_\_\_\_

**How did you learn about High 5 Long Island?**

- School
- Youth Group
- Scouts
- Library
- High 5

Member \_\_\_\_\_

Other \_\_\_\_\_

**Print & mail to: High 5 Long Island, Long Island Arts Council at Freeport,  
130 East Merrick Road, Freeport, NY 11520. 516-223-2522x14**

