



## CITIZENSHIP FORM

**Participant's Name:** \_\_\_\_\_  
First Name Last Name

**Participant's Alt. ID:** \_\_\_\_\_

### PLEASE CHECK ONE:

☐

I am a citizen of the United States.

☐

I am not a citizen of the United States.

I am a citizen of \_\_\_\_\_  
(Name of country)

I hereby swear that this information is correct to the best of my knowledge.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

(SEAL)