Take A STAND Committee

2019 TEEN SUMMIT REGISTRATION FORM

STUDENT INFORMATION			
STUDENT NAME		GENDER	
ADDRESS		AGE	
CITY / ZIP		ETHNICITY	
SCHOOL NAME		GRADE	
EMAIL ADDRESS		PHONE#	
FACEBOOK ID		MISC	
PARENT NAME		PHONE#	
EMERGENCY CONTACT		PHONE#	

2019 TEEN SUMMIT WORKSHOPS please select four (4) workshops					
Gang / Violence Prevention	☐	Leadership & Economics	☐	Bullying Awareness	☐
Drug Awareness	☐	**Financial Literacy**	☐	Healthy Living & Nutrition	☐
Career Planning	☐	Education for Tomorrow	☐	Social Media / Facebook	☐

☐ T- Shirt Size _____	☐ Transportation is Required
☐ Name of Parent Attending _____	☐ Special Needs Request_____

*** Parents / Guardians are Welcome to Attend Sessions ***

I give my child permission to attend the 2019 Teen Summit. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for the Take A STAND Committee and/or its Community Based Organization affiliates, takeastandcommittee.org website 2019 Teen Summit Facebook and promotional materials.

Student _____ Date _____ Parent _____ Date _____

PRE - REGISTRATION DEADLINE – MARCH 30, 2019

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