## Take A STAND Committee 2019 TEEN SUMMIT REGISTRATION FORM



		STUDENT INF	ORMATION			
STUDENT NAME				GENDER		
ADDRESS				AGE		
ADDRESS				AGL		
CITY / ZIP				ETHNICITY		
SCHOOL NAME				GRADE		
EMAIL ADDRESS				PHONE#		
FACEBOOK ID				MISC		
PARENT NAME				PHONE#		
EMERGENCY CONTACT				PHONE#		
		2019 TEEN SUMI Please select thr	MIT WORKSHOPS ee (3) workshops			
Drug /Gang /Violence Prevention-Awareness		Financial Literacy /Economics		Healthy Living /Nutrition		
FaceBook /Social Media /Bullying Awareness		Career Planning /Education For Tomorrow		Cultural Aw	areness	
☐ 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 - September 15, 2019