

STRENGTH IN NUMBERS

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NON-PROFIT FOUNDATION

Young Women Life Skill Session Registration Form

Child's Information:

First Name: _____ MI: _____ Last Name: _____

Preferred Name: _____ Age: _____ Date of Birth: ___/___/___

School: _____ Grade: _____ GPA: _____ Shirt Size: _____

Address _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian Information: #1

First Name _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

**Thank You For Your Participation And Support With Preparing
The Child For The Path, And Not The Path For The Child.**

Y oung M en L ife S kill S essions

