



PROGRAM REGISTRATION FROM
(PLEASE PRINT)

SELECT PROGRAM(s):			
<input type="checkbox"/> BALLROOM LESSONS	<input type="checkbox"/> COMMUNITY CHESSIN**	<input type="checkbox"/> COMMUNITY QUILTERS	
<input type="checkbox"/> INTONJANE*	<input type="checkbox"/> ISUTHU*	<input type="checkbox"/> TOASTMASTERS	<input type="checkbox"/> TUTORING*
<i>*If you selected the Intonjane or Isuthu Training Institutes, Community Chessin' or Tutoring you must also complete the ADDITIONAL INFORMATION section</i>			

PARTICIPANT NAME (FIRST/M.I./LAST)
/ /

ADDRESS (STREET/APT. #)
/

CITY	ZIP
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EMAIL (ADULTS PLEASE USE YOUR EMAIL FOR YOUR CHILDREN 13 AND UNDER)	[] CELL [] HOME PHONE
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MEMBER OF FELLOWSHIP CHAPEL? [] YES , MEMBER # _____ [] NO
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NEW PROGRAM PARTICIPANT? [] YES [] NO, LAST YEAR ATTENDED _____

ADDITIONAL INFORMATION:
<i>Note...All adults working with youth are subject a a State of MI ICHAT background check</i>

<input type="checkbox"/> MENTEE [] MENTOR [] STUDENT [] TUTOR [] CHESS YOUTH [] CHESS ADULT
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DATE OF BIRTH : MONTH	DAY	YEAR
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RACE: [] AF. AM. [] ASIAN [] HISPANIC [] NAT. AM. [] WHITE	[] FEMALE [] MALE
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SCHOOL:	GRADE:
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PARENT(s)/GUARDIAN NAME (Please print):

PARENT/GUARDIAN SIGNATURE:

EMERGENCY CONTACT NAME & PHONE:

For Office Use Only...Please do not write below this line. For use to record payment history, attendance or any additional information you may want to collect