



P.O. Box 60416, Washington, DC 20039 Tel/Fax: (202) 204-0536 Email: info@RaisingExpectationsDC.org

Participant Registration form

Date: _____

Event Attended: _____

Name: _____
Last First Middle

Date of Birth: _____ Gender: _____

Organization/School: _____ GPA: _____

Name of Parent(s)/Guardian: _____

Address: _____
Street City State Zip Code

Email: _____

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

Best Way and Time to Contact _____

Emergency Contact _____
Name Relationship Phone Number

Program of Interest (*Select no more than 3*):

- Rites of Passage Program Dance Parent/Teacher Workshop
 Music Production Art Social Development
 Stage Acting/Theater Poetry Computer/Graphic Design

TELL US ABOUT YOURSELF: Please use a separate sheet if necessary.

1. What excites you about the above chosen program interests?
2. What do you hope to gain from the above program(s)?
3. How do you plan to express your talents with others and bring others into the program?
4. What are some of your personal and career goals?
5. Can you use this program towards any school credits (i.e. volunteer community service)?

Program Fees per Semester

(Disregard if no charge for event; General event fees range from \$5-\$10*)

(Student)	(Parent/Adult)	(Teacher)
___\$100	___\$150.00	___\$200.00

Please make check payable to: "Raising Expectations, Inc." - * Financial Aid Available*