P.O. Box 54304, Washington, DC 20032 Tel/Fax: (202) 507-7882 Email: info@RaisingExpectationsDC.org

Participant Registration form

Date:_____

Activity Title: _____

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)?

Annual Program Cost (2 workshops/projects per month)

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

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

Mail or Fax to R.E. (Register online at www.RaisingExpectationsDC.org)

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