DeKalb Teenage Pregnancy Prevention Task Force
Teen Pregnancy Prevention Forum
Fernbank Science Center
156 Heaton Park Drive, N.E. – Atlanta, GA 30307
Saturday, May 1, 2010

Registration Form

Organization/School/Church: __________________________________________________________
Organization/School Address: _______________________________________________________
Day Phone: (     ) ___________________ Evening Phone: (     ) ___________________
E-mail: ___________________________________________ ___________________________________

Please complete for each participant:

Check One:  ☐ Youth Participant ☐ Adult Participant ☐ Youth Volunteer ☐ Adult Volunteer
Name: ___________________________________________ ___________________________________
Address: ___________________________________________ ___________________________________
Date of Birth: _______________________ Gender: ______________ Male ______________ Female
Organization/School: _______________________ Grade:  5  6  7  8  9  10  11  12
Emergency Contact: ______________________ Relationship: __________________ Phone: (     ) ___________

The racial/ethnicity information requested below is voluntary and will be used for internal statistical reporting only. Please Circle One:

Asian/Pacific Islander  Black/African-American (non Hispanic)  Hispanic/Latino  White (non Hispanic)
Other ___________

PARENTAL CONSENT

I give my son/daughter ____________________________________________, permission to participate in this forum and for their likeness to be used in any media coverage of the event.

Signed (Parent/Guardian): _______________________________ Date: _______________________

Please fax registration form to (678-874-7110). For more information or to confirm registration please call (678) 874-7107. Registration forms may also be mailed to DeKalb Teenage Pregnancy Prevention Task Force, 39 Rogers Street, Atlanta, Georgia 30317; ATTN: Ms. Carolyn Frisby.