

DARE TO DREAM YOUNG GIRLS NETWORK, INC.

Post Office Box 14652 * Tallahassee, FL 32317

2021 TEEN HEALTH AND WELLNESS WORKSHOP

WORKSHOP FOCUS:

SOCIAL CONNECTIONS/ PARENT RELATIONSHIPS/ PERSONAL
STYLING / SPIRITUAL CONNECTIVITY / PROBLEM SOLVING /
POSITIVE COMMUNICATION / COMMUNITY SERVICE / FUTURE
ASPIRATIONS / GOALS / ORGANIZATION / Q & A SESSION

Registration & Payment Summary

WORKSHOP DATE: DECEMBER 4, 2021

Parent Information

Mother/ Father / Grand Parent:: _____	Address: _____
First Name: _____	City, State: _____
	Zip: -----
Last Name : _____	Telephone: -----/-----
	Email: -----

Registrant Information

Teen's Name: _____	Age: _____
School:-----	Favorite Activity:-----
Any Social Issues:-----	Involved Activity: -----

Registration Details

PAYMENT TYPE: _____ CASH/ _____ CHECK/ _____ CHARGE

<u>Description</u>	<u>QUANTITY</u>	<u>Price</u>	<u>Total</u>
-----Workshop (SESSION @ FREE)	_____	\$FREE	\$FREE
		TOTAL PAID:	\$0

EMERGENCY CONTACT:

NAME: _____ / PHONE: _____
NAME: _____ / PHONE: _____