



A.E. Foundation Inc.

PO Box 1476, Buffalo, NY, 14215

Registration Form

YES! I wish to Partner with ALIVEntertainment by providing a program for my community!

Name _____ **Title** _____

Name of School/Organization _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone # _____ **ext.:** _____ **Fax#** _____

Email _____

**Please check which program your organization is interested in:*

- Non-Violence Starts with Me, bullying intervention Class
- Creative Writing & Performing Arts Class
- Food Allergy Awareness Programs
 - Staff training / Student assemblies
- Parents Choice Nutrition Class

For Office Use:	
Date Received	____/____/____
Approved By	_____
Approval Date	____/____/____

Requesting start date for selected program(s): _____

**Please Select days to run the program:*

Mon	Tues	Wed	Thur	Fri	Sat
From _____ am/ pm	From _____ am/ pm	From _____ am/ pm	From _____ am/ pm	From _____ am/p m	From _____ am/ pm
To _____ am/pm	To _____ am/pm	To _____ am/pm	To _____ am/pm	To _____ am/pm	To _____ am/pm

Number of Classes per program _____ Number of Students/Adults per class: _____

Program Fee: \$ _____

**By signing this form I agree that I have authority to register for the selected program(s) at the above location.*

Signature(s) _____ **Date** _____

Please make checks payable to: ALIVEntertainment Foundation Inc., P.O. Box 1476, Buffalo, NY 14215

ATTACH PAYMENT WITH FORM