A DEBONAIR AFFAIR®

A YOUTH DEVELOPMENT & SCHOLARSHIP EVENT

FOR

YOUNG MEN OF DISTINCTION

~~~Participant Application~~~

(Revised)



## Hosted by Beta Lambda Education Institute Kansas City, MO Saturday, November 19, 2016 6:00 – 11:00 PM

## A DEBONAIR AFFAIR<sup>©</sup>

#### **2016 Application and Participation Guidelines** Grand Finale: November 19, 2016

Deadline for Application: June 19, 2016 (revised) (Fees may be paid in designated installments ending August 14, 2016)

#### Hosted by BLEI A 501(c)3 organization

#### Purpose

Beta Lambda Educational Institute, an educational foundation affiliated with Alpha Phi Alpha Fraternity Inc. Beta Lambda Chapter, is proud to present a youth development and scholarship event designed to support the education and training of the young men of Greater Kansas City metro area.

Our mission is to provide a forum for young men ages 7 to 12 to develop the foundational skills and talents needed to become responsible community servant leaders. With the participation of parents and our community partners, these young men will become the scholars and financial leaders of our future.

#### **Participant Eligibility Criteria**

Students must meet the following criteria:

- 1. All participants must be young men. No young ladies are eligible.
- 2. Age Range: Young men ages 7 to 12 at registration for the event or meet the Grade requirement below.
- 3. Must be enrolled in 2<sup>nd</sup> through 7<sup>th</sup> grade in any of the greater Kansas City metropolitan area schools- private, public or home school and show proof of enrollment.
- 4. Participants must be able to attend 95% of all workshops and practices to be eligible for all awards. (Parent/Guardian Initials here)
- 5. Participants may be disqualified if attendance at workshops and practices falls below 90% (less than 10 of the 12 Practices & Workshops). All absences require written or phone notice to the committee chair. (Parent/Guardian Initials here)
- 6. Participants and parents (or guardians) must attend and participate in the entire dress rehearsal and the related practices. \_\_\_\_\_ (Parent/Guardian Initials here)
- 7. Parents (or guardians) will be asked to participate in a dance routine with your child, which will require practices as a group at designated times to be defined later. \_\_\_\_\_ (Parent/Guardian Initials here)
- 8. Participants are required to pay a participation / activity fee totaling \$500. This fee is payable in one or 3 installments. (The application fee of \$175 is non-refundable. The activity fees of \$325 may be paid in 2 designated installments.) After the program begins, all fees become non-refundable. (Parent/Guardian Initials here)
- 9. All Participants must raise a minimum of \$600 in ads or sponsorships to be eligible for awards and to participate in the program. \_\_\_\_\_(Parent/Guardian Initials here)

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- 10. All Participants must sell a minimum of 5 Tickets to the Talent Showcase and 8 Tickets to the Grand Finale to be eligible for awards. \_\_\_\_\_ (Parent/Guardian Initials here)
- 11. All Participants will be required to participate in the Essay / Oratorical Contest. Each participant will receive 4 free guest tickets for this event. (Parent/Guardian Initials here)
- 12. All Participants, parents and guardians must conduct themselves with respect for other participants and the program coordinators at all time. More than three (3) reprimands will result in disqualification from the program. Since awards are based on points, each reprimand will result in a loss of points. Violence of any kind is cause for immediate disgualification from the program with no refunds. Wearing of any gang colors or paraphernalia or showing gang signs is prohibited and is cause for immediate disqualification with no refunds. \_\_\_\_\_ (Parent/Guardian Initials here)
- 13. At least one parent or guardian must attend each activity with the participant. Drop-off service and babysitting will not be provided. (Parent/Guardian Initials here)
- 14. The undersigned does hereby consent to the above named student participating in the Debonair Affair<sup>®</sup> activities, covenants and agrees to his/hers own behalf and on behalf of the student named above, release and hold harmless Beta Lambda Educational Institute, Beta Lambda Chapter, Alpha Phi Alpha Fraternity, Inc., and their respective officers, agents, servants, volunteers, organizations, or any other member for any amount due to any act or activity engaged in relating to or in compliance with the *A Debonair Affair*<sup>®</sup>. (Parent/Guardian Initials here)

The A Debonair Affair<sup>®</sup> Committee will consider each applicant's achievements, demonstration of leadership ability and community involvement. Applications submitted late or incomplete will not be considered.

#### How to Apply:

- 1. Submit a completed application with accompanying fees and information in typed or legibly printed format no later than June 19, 2016. Once accepted, the parent/guardian and the participant must attend the Orientation on Sunday, June 26, 2016 to obtain additional information on the event.
- 2. Include a non-refundable application fee of \$175.00 per participant payable in cashiers check, debit card, credit card or money order made payable to B.L.E.I.
- 3. Submit a completed parent or guardian participation certification form with the application no later than June 19, 2016. (Note, that additional data and A Debonair Affair<sup>®</sup> forms will be provided for those accepted into the program during the Parent/Guardian and Participant Orientation on June 26, 2016.)
- 4. Application packet should include a sealed letter/statement from the participant's school registrar or principal noting the following (Note: Any reports must have confidential information removed):
  - a. Good academic standing
  - b. Good behavioral standing
- 5. Application and all required materials may be mailed to the following address. Minimally, all materials are due with the \$175 non-refundable application fee no later than June 19, 2016.

| A <i>Debonair Affair<sup>©</sup> 2016</i> Committee Action Only: |  |
|------------------------------------------------------------------|--|
|                                                                  |  |
|                                                                  |  |

B.L.E.I. Attn: A Debonair Affair<sup>®</sup> Committee P.O. Box 300221 Kansas City, MO 64130

6. Updates on all activities will be sent via email so all parents/guardians must provide an active email for this event. Questions should be posted to the event email: debonairball@gmail.com or call 913-526-8000 / 913-832-4041/ 816-536-6665. Questions should be addressed to the Event Chair and Co-Chair: Charles Lambert, Chair or Randy Hall, Co-Chair or the Event Coordinator, Janice Lambert. During the events and practices, the Event Coordinator/Parent Liason will provide assistance to you with the entire process.

#### Key Initial Dates for Participants & Parents:

| Sunday, June 19, 2016   | Deadline for Application (revised)                                   |
|-------------------------|----------------------------------------------------------------------|
| Question 101 0010       | **1st Installment of fees due (\$175 application fee non-refundable) |
| Sunday, July 19, 2016   | Parent & Participant Orientation                                     |
|                         | **2 <sup>nd</sup> Installment of fees due (\$175)                    |
| Sunday, August 14, 2016 | Begin A Debonair Affair <sup>©</sup> activities                      |
|                         | **Final Installment of fees due (\$150)                              |
| Saturday, Oct. 8, 2016  | Talent Showcase for all participants                                 |
| Saturday, Oct. 29, 2016 | Essay / Oratorical Contest for all participants                      |
| Friday, Nov. 18, 2016   | Final Rehearsal for All Participants                                 |
|                         | (Parents/ Guardians, Young Men, Alphas)                              |
| Saturday, Nov. 19, 2016 | Grand Finale of A Debonair Affair <sup>©</sup>                       |

A Debonair Affair<sup>©</sup> 2016 Committee Action Only:

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Postmark Date: \_\_\_\_\_

### A DEBONAIR AFFAIR<sup>©</sup>

**2016 Application and Parent Certification** 

Grand Finale Event: November 19, 2016 Application Deadline: June 19, 2016 (revised) Parent / Participant Orientation: June 26, 2016

(Must be typed or printed in Black or Blue ink only)

#### I. Participant Information

| Last Name                                     | First Name:                     | MI:           |
|-----------------------------------------------|---------------------------------|---------------|
| Date of Birth:                                |                                 |               |
| Street Address:                               |                                 |               |
| City:                                         | State:                          | Zip code:     |
| Home Phone:                                   | Alternate Phone                 | :             |
| Favorite Color:                               | Favorite School S               | Subject:      |
| Favorite Fun Activities:                      |                                 |               |
| Special Interests, Talents or Abil            | ities:                          |               |
| Accomplishments, Awards and C                 | Community Achievements:         |               |
|                                               |                                 |               |
|                                               |                                 |               |
| Shirt Size: (Circle One) Small Me             | edium Large X-Large XXL Other _ |               |
| Shirt Size: (Circle One) 5 6 7                | 8 9 10 11 12 13 14 15           | 16 Other      |
| Pant Size: (Circle One) Small M               | edium Large X-Large XXL Other   |               |
| Pant Size: (Circle One) 5 6 7                 | 8 9 10 11 12 13 14 15           | 16 Other      |
| Any Special Food Needs or Res                 | trictions:                      |               |
| Any Special Health Needs or Re                | strictions:                     |               |
|                                               |                                 |               |
|                                               |                                 |               |
| A Debonair Affair <sup>©</sup> 2016 Committee | Action Only:                    |               |
| Date Received                                 | Time Received                   | Postmark Date |

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### II. Custodial Parent(s) / Guardian(s) Information

|                                                                                                                                                      |                                                                                                          | First Name:                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Street Address:                                                                                                                                      |                                                                                                          |                                                                                                                                                                                      |
|                                                                                                                                                      |                                                                                                          | Zip code:                                                                                                                                                                            |
| Home Phone:                                                                                                                                          | Cel                                                                                                      | I Phone:                                                                                                                                                                             |
| Work Phone:                                                                                                                                          | Em                                                                                                       | ail:                                                                                                                                                                                 |
| (Father) Last Name                                                                                                                                   |                                                                                                          | First Name:                                                                                                                                                                          |
| Street Address:                                                                                                                                      |                                                                                                          |                                                                                                                                                                                      |
| City:                                                                                                                                                | State:                                                                                                   | Zip code:                                                                                                                                                                            |
|                                                                                                                                                      |                                                                                                          | I Phone:                                                                                                                                                                             |
|                                                                                                                                                      |                                                                                                          | ail:                                                                                                                                                                                 |
| certification / authorization form                                                                                                                   |                                                                                                          | ch Guardian must also submit a signed First Name:                                                                                                                                    |
|                                                                                                                                                      |                                                                                                          |                                                                                                                                                                                      |
| Relationship to Participant:                                                                                                                         |                                                                                                          |                                                                                                                                                                                      |
| Street Address:                                                                                                                                      |                                                                                                          |                                                                                                                                                                                      |
|                                                                                                                                                      |                                                                                                          | Zip code:                                                                                                                                                                            |
|                                                                                                                                                      |                                                                                                          | I Phone:                                                                                                                                                                             |
| Home Phone:                                                                                                                                          | Cel                                                                                                      | I F None                                                                                                                                                                             |
| In the event of an emergency, v<br>picture ID will be required and t                                                                                 | ve understand that you<br>he names must be listed                                                        | may authorize others to pickup your child. A<br>d previously. Persons authorized to pick                                                                                             |
| In the event of an emergency, v<br>picture ID will be required and t<br>up/supervise my/our child from                                               | ve understand that you<br>he names must be listed<br>or during activities in the                         | may authorize others to pickup your child. A<br>d previously. Persons authorized to pick<br>e event of an Emergency:                                                                 |
| In the event of an emergency, v<br>picture ID will be required and t<br>up/supervise my/our child from<br>Name                                       | ve understand that you<br>he names must be listed<br>or during activities in the<br>(F                   | may authorize others to pickup your child. A<br>d previously. Persons authorized to pick                                                                                             |
| In the event of an emergency, v<br>picture ID will be required and t<br>up/supervise my/our child from<br>Name<br>Home Phone:                        | ve understand that you<br>he names must be listed<br>or during activities in the<br>(F                   | may authorize others to pickup your child. A<br>d previously. Persons authorized to pick<br>e event of an Emergency:<br>Relationship)                                                |
| In the event of an emergency, v<br>picture ID will be required and t<br>up/supervise my/our child from<br>Name<br>Home Phone:<br>Name                | ve understand that you<br>he names must be listed<br>or during activities in the<br>(F<br>(F             | may authorize others to pickup your child. A<br>d previously. Persons authorized to pick<br>e event of an Emergency:<br>Relationship)<br>Cell Phone:<br>Relationship)                |
| In the event of an emergency, v<br>picture ID will be required and t<br>up/supervise my/our child from<br>Name<br>Home Phone:<br>Home Phone:         | ve understand that you<br>he names must be listed<br>or during activities in the<br>(F<br>(F<br>(F<br>(C | may authorize others to pickup your child. A<br>d previously. Persons authorized to pick<br>e event of an Emergency:<br>Relationship)<br>Cell Phone:                                 |
| picture ID will be required and t<br>up/supervise my/our child from<br>Name<br>Home Phone:<br>Home Phone:<br>Name                                    | ve understand that you<br>he names must be listed<br>or during activities in the<br>(F<br>(F<br>(F<br>(F | may authorize others to pickup your child. A<br>d previously. Persons authorized to pick<br>e event of an Emergency:<br>Relationship)<br>Cell Phone:<br>Relationship)<br>Cell Phone: |
| In the event of an emergency, v<br>picture ID will be required and t<br>up/supervise my/our child from<br>Name<br>Home Phone:<br>Home Phone:<br>Name | ve understand that you<br>he names must be listed<br>or during activities in the<br>(F<br>(F<br>(F<br>(F | may authorize others to pickup your child. A<br>d previously. Persons authorized to pick<br>e event of an Emergency:<br>Relationship)<br>Cell Phone:<br>Relationship)<br>Cell Phone: |
| In the event of an emergency, v<br>picture ID will be required and t<br>up/supervise my/our child from<br>Name<br>Home Phone:<br>Home Phone:<br>Name | ve understand that you<br>he names must be listed<br>or during activities in the<br>(F<br>               | may authorize others to pickup your child. A<br>d previously. Persons authorized to pick<br>e event of an Emergency:<br>Relationship)<br>Cell Phone:<br>Relationship)<br>Cell Phone: |

#### **III. Participant Educational Information**

| Name of School currently atte  | nding:                          |          |          |          |                                        |
|--------------------------------|---------------------------------|----------|----------|----------|----------------------------------------|
| Address:                       |                                 |          |          |          |                                        |
|                                |                                 |          |          |          | Zip code:                              |
| Phone:                         |                                 | <u></u>  |          |          |                                        |
| Student Classification for 201 | 6 - 2017 Sch                    | ool Yea  | r:       |          |                                        |
| (Circle One)                   | 2 <sup>nd</sup> 3 <sup>rd</sup> | $4^{th}$ | $5^{th}$ | $6^{th}$ | 7 <sup>th</sup>                        |
| Current Academic Standing:     | ex. A student                   | , B+ stι | udent, e | tc.:     |                                        |
|                                | and amount o                    | of Comr  | ·        |          | ment (add additional sheets as needed) |
|                                |                                 |          |          |          |                                        |
|                                |                                 |          |          |          |                                        |
|                                |                                 |          |          |          |                                        |
|                                |                                 |          |          |          |                                        |

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#### VII. Parent Certification

I (we) certify that the information contained herein and any attached information is true and that I (we) understand that my (our) child will be participating in and educational scholarship event involving fundraising, talent performances and educational workshops. I (we) promise to assist and support my (our) child by attending all activities with him and ensuring that all concerns are addressed in a timely manner with B.L.E.I.

The undersigned does hereby consent to the above named student participating in the A Debonair Affair<sup>®</sup> activities, covenants and agrees to his/hers own behalf and on behalf of the student named above, release and hold harmless Beta Lambda Educational Institute, Beta Lambda Chapter, Alpha Phi Alpha Fraternity, Inc., and their respective officers, agents, servants, volunteers, organizations, or any other member for any amount due to any act or activity engaged in relating to or in compliance with the Debonair Affair<sup>®</sup>.

By affixing my signature to this document, I (we) consent to the participation of my (our) child in the 2016 3<sup>rd</sup> Annual *A DEBONAIR AFFAIR*<sup>©</sup> event and all related

activities.

| Parent or Guardian Printed Name: | Date: |
|----------------------------------|-------|
| Parent or Guardian Signature:    |       |
| Parent or Guardian Printed Name: | Date: |
| Parent or Guardian Signature:    |       |

|                                                          |                | 8              |
|----------------------------------------------------------|----------------|----------------|
| A Debonair Affair <sup>©</sup> 2016 Committee Action Onl | y:             |                |
| Date Received:                                           | Time Received: | Postmark Date: |