

REGISTRATION FORM
Saturday, October 25, 2008
at Loyola Marymount University



Student Name: _____ Grade: (Circle current grade level) 9 10 11 12 CC

Mailing Address: _____
street address city, state, zip

Home Phone: _____ Alternate #: _____

Email: _____ Ethnicity: _____ Date of Birth: _____

Name of the school you are currently attending: _____

Will you need transportation to College Within Reach? Yes No

If yes, then please make sure you complete the transportation portion below.

Chaperone Information (person who will be accompanying youth)

Chaperone Name: _____ Emergency Contact #: _____

Address (if different): _____

Chaperone Email: _____

I would like to be notified of upcoming UFC events through: Mail Email

Relationship to youth (attorney, caregiver, CSW, mentor, residential staff, etc.): _____

I plan to: attend adult workshops (recommended)* stay w/ youth during workshops*
 remain at LMU without attending workshops *Lunch tickets will be distributed in workshops

Please note that all youth under the age of 16 must be accompanied by an adult.

Organization policy requires for groups to provide 1 adult chaperone for every 8 youth in attendance.

Transportation Information

Below are various pick up locations and their times of departure. Select ONE location to indicate the pick up site from which you will be transported. Please note: Attendance and seating are on a first-come, first-served basis.

- | | | |
|--|---|--|
| <input type="checkbox"/> Jordan HS 7:15 AM | <input type="checkbox"/> Palmdale HS/Monroe HS 6:30/7:30 AM | <input type="checkbox"/> Pasadena HS/Blair HS 7:00/7:30 AM |
| <input type="checkbox"/> Crenshaw HS 7:30 AM | <input type="checkbox"/> Manual Arts HS 7:15 AM | <input type="checkbox"/> CLC/Garfield HS 7:10/7:40 AM |
| <input type="checkbox"/> Locke HS 7:20 AM | <input type="checkbox"/> LB Poly HS/Gardena HS 7:00/7:30 AM | <input type="checkbox"/> Pomona HS/W. Covina HS 7:00/7:25 AM |
| <input type="checkbox"/> Fremont HS 7:20 AM | <input type="checkbox"/> Washington Preparatory HS 7:45 AM | |

Total # needing transportation: _____ (Chaperones bringing multiple youth should only include themselves in the count on one form.)

Parent/Caregiver MUST sign the transportation authorization below.

I understand that United Friends of the Children is not responsible for any injury/damages which may be incurred on said trip, and in consideration for providing transportation, I agree to hold UFC harmless from claims for injury or damages occurring during said trip. I hereby authorize UFC to transport my student to College Within Reach.

Caregiver Name: _____ Signature: _____ Phone #: _____

Reservations are required. Bus confirmations will be mailed the week of October 13, 2008.

Name of person completing form: _____ Phone: _____

Please submit registration form by mail, email or fax.

Mail to: _____ OR Fax: (213) 580-1820
UFC College Within Reach Email: rsvp@unitedfriends.org
1055 Wilshire Blvd, Suite 1955 Phone: (213) 580-1857
Los Angeles, CA 90017