

Fostering Hope Mentoring Program Participation Form

To REGISTER your child, please complete this form, save it, and return it to: fosteringhopementors@gmail.com

Participant Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		

Demographic Information

Date of Birth (Month & Date Only)	Age	Ethnicity
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Education

Current School Attending	Grade Level	GPA	Date of Graduation	Area of Interest

Extra-Curricular Activities

Name of Club/Organizations	Duration of Involvement	Office(s) Held (if any)

Parent/Legal Guardian Information

Name	Phone	Cell
Address		Relationship

Parent/Legal Guardian Signature

I give my child permission to participate in the National Coalition of 100 Black Women Fostering Hope Mentoring Program.

Parent/Legal Guardian Name (Please Print)	Signature
Date	

**National Coalition of 100 Black Women, Sacramento Chapter
7828 Zenith Drive, #7814, Citrus Heights, CA 95621-7814**

PHOTO RELEASE AGREEMENT
National Coalition of 100 Black Women, Inc.



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Activities in which I participated:

Participant's name (printed):

Participant's signature:

Date of signature: _____

Parent name (printed):

Parent Signature if under 18 years of age:
