

PROJECT U LEADERSHIP SUMMIT

March 11, 2017

Registration Form

Name of School: _____

School Address: _____

School Phone: _____ FAX: _____ Location Code: _____

Name of Sponsor/Chaperone: _____

Sponsor/Chaperone E-mail: _____

Expected Number of Students: _____

* The summit will require LAUSD field trip forms. Form(s) will be provided once registration form is emailed or faxed and you are confirmed.

Please EMAIL forms to billiedawn@thelatrust.org

or

FAX to (213) 241-6956 by March 3, 2017

or

Send in School Mail to (must be received by March 3, 2017):

LAUSD
Beaudry Building, Floor 25
Health Education Programs,
HIV/AIDS Prevention Unit
Attn: Timothy Kordic

Project U LEADERSHIP SUMMIT

Student List *(may submit additional forms if necessary)*

Name of School: _____

School Address: _____

School Phone: _____ **FAX:** _____ **Location Code:** _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Please EMAIL billiedawn@thelatrust.org OR FAX to (213) 241- 6956 by March 3, 2017