

PROJECT U LEADERSHIP SUMMIT
May 13, 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 to Billie Dawn Greenblatt at b.greenblatt@lausd.net or billiedawn@thelatrust.org

Please FAX to (213) 241-6956 by May 5, 2017

or

Send in School Mail to (must be received by May 5, 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: _____

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Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Name of Student: _____

Please FAX to (213) 241- 6956 by May 13, 2017