



**Registration Form: STAR Leadership Training at Lovin' Life**

Today's Date: \_\_\_\_\_

**Participant Information** (Please print clearly):

**First** \_\_\_\_\_ **M. I.** \_\_\_\_\_ **Last** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Sex:** Male: \_\_\_\_\_ Female: \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_

**Current Grade or Grade entering in Fall:** \_\_\_\_\_ **School attending:** \_\_\_\_\_

**Address: Street:** \_\_\_\_\_ **Apt#:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Your Phone number(s) Home:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**Your Email address:** \_\_\_\_\_

*For participants under 18 years old:*

**Parent/Guardian Information:**

**First Parent/Guardian:**

**First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Telephone: Home:**(\_\_\_\_) \_\_\_\_\_ **Work:**(\_\_\_\_) \_\_\_\_\_ **Cell :**(\_\_\_\_) \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Second Parent/Guardian:**

**First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Telephone: Home:**(\_\_\_\_) \_\_\_\_\_ **Work:**(\_\_\_\_) \_\_\_\_\_ **Cell :(** \_\_\_\_\_) \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_ **Middle School students / High School students**

Cost: \$50- for the entire 10 week program; parents can attend for free.

\_\_\_\_\_ **College students / Young adults** Cost: \$10 for the entire 10 week program.

Complete 8 out of the 10 weeks to receive STAR Leadership Certification.

Mail this form with payment to:

Urban Life Training

PO Box 48608

Washington, DC 20002

**Contact**

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Program Director

www.ultrateenchoice.org