



EMPOWERED GIRL TRAINING WEEKEND
AUGUST 7-9, 2009
REGISTRATION FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ (home) _____ (cell) Email: _____

Date of Birth: _____ (If you are under the age of 18, we need the name and email address of a parent or guardian, plus their signature at the bottom of this form.)

Weekend Registration Fee: \$500

- Enclosed is my \$100 non-refundable deposit
- Enclosed is my full payment of \$500
- I would like to apply for an EGA scholarship

Payment Method:

- Check (Please make payable to: **Empowered Girl Alliance-BTM**)
- Credit Card

Please charge \$ _____ to my credit card. Visa Master Card

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

V Code: _____ (V Code is the last three digits on the back of your Credit Card.)

Cardholder's Signature: _____

Your Signature: _____

Parent/Guardian Name: _____ Email: _____
(Required if you are under age 18.) Please print clearly

Parent/Guardian Signature: _____

Send completed registration form along with payment to: Empowered Girl Alliance
PO Box 225
Honeoye Falls, NY 14472-0225
www.empoweredgirl.org

For more information contact Barb Lucke at 585.278.7868 or by email at otter2@rochester.rr.com