



**Registration Form: STAR Program 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:** \_\_\_\_\_

**Registration Fee: \$10 .for the entire 10 week program**

Return the form with payment made out to Urban Life Training to  
Urban Life Training  
PO Box 48608  
Washington, DC 20002

Contact  
Richard Urban: 202-558-5550  
Program Director  
[www.ultrateenchoice.org](http://www.ultrateenchoice.org)