ULTRA TEEN CHOICE
Urban Life Training & Reality Assessment Teen Choice

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