



DREAM ANGELS

## Participant Form

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Please Print

Address \_\_\_\_\_  
Street Apartment # City State Zip

School \_\_\_\_\_ Grade \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

In case of emergency: \_\_\_\_\_  
Please contact Name Relationship Phone #

I have \_\_\_ brothers; \_\_\_ sisters. I am the \_\_\_ oldest \_\_\_ middle \_\_\_ youngest in my family

My favorite subject(s) in school is \_\_\_\_\_

My hardest subject(s) in school is \_\_\_\_\_

In my free time, I enjoy \_\_\_\_\_

My very favorite place to go is \_\_\_\_\_

When I grow up I'd like to be a \_\_\_\_\_

By signing below, I verify that:

- I have my parent/guardian(s) permission to participate in the Dream Angels, Inc. program.
- I have transportation or can make arrangements for transportation to attend Saturday tutorials.
- In order to participate in the summer activities, I must attend the weekly tutorial sessions.
- I must call a Dream Angels board member if I am going to be absent.

Participant's Signature

Parent/Guardian's Signature

Date