



Girlfriends Get-A-Way 2009 G.E.N.E.S.I.S. Registration Form

Sept. 18-19, 2009

Magnolia Hotel

Houston, TX

DEADLINE FOR EARLY REGISTRATION: Sept. 5, 2008

must be a high school female to register for this portion of the conference

REGISTRATION FORM

INFORMATION

Legal Name (first middle initial and last):

Nickname:

Birth Date: / /

Phone:

Current address:

City:

State:

Zip Code:

PARENT(S)/GUARDIAN(S) LEGALLY RESPONSIBLE FOR CHILD DURING EVENT:

Legal Name (first middle initial and last):

Relationship to Child:

Employer:

Home Phone:

Work Phone:

Cell Phone:

E-Mail:

EMERGENCY CONTACT

Legal Name (first middle initial and last):

Address:

Phone:

City:

State:

Zip Code:

Relationship:

Please list all medications your child is taking and any medical problems/allergies (please print):

Does your child have any special needs (ADHD, ADD, autism, disabilities, etc.)? (please print):

***REQUIRED* Please read and check Yes or No below:**

Yes No (A) I allow my child to contribute her work (i.e. writing) to be displayed on the website(s) of Girlfriends Get-A-Way Women's Retreat (GFG), G.E.N.E.S.I.S. Mentoring Program and/or Goode Resources to Achieve Community Excellence (G.R.A.C.E.), along with other purposes related to G.F.G., G.E.N.E.S.I.S or G.R.A.C.E.

Yes No (A) I allow permission of the use of photographs/images of my child for informational and educational purposes related to Girlfriends Get-A-Way Women's Retreat, G.E.N.E.S.I.S. Mentoring Program and Goode Resources to Achieve Community Excellence (newspapers, brochures, videos, etc).

REGISTRATION FORM

PAYMENT

* Please mail complete payment with form if paying via cashiers check, money order or personal check. Please mail, fax or email form if paying via credit card. After form is received, PayPal invoice will be emailed to you.

Amount: \$20/\$30 (late registration).

- Check Enclosed**
(Please make checks payable to Girlfriends Get-A-Way)
Check# _____
- Cash**
- Credit Card via PayPal Invoice**
- Sponsor a girl @ \$20 per woman**

of girls sponsored _____

In-kind donations of any amount

Amount of donation \$ _____

TOTAL: _____

Please Direct Any Inquiries to:

Leslie Goode

leslie@gfgretreat.com

Phone: 713-370-8540

Fax: 832-645-7332

Send Application and Payment to:

Girlfriends Get-A-Way

Attn: G.E.N.E.S.I.S.

P.O. Box 88094

Houston, TX 77288

SIGNATURES

I have read the completed application and media release policy. I agree that Girlfriends Get-A-Way Women's Retreat, G.E.N.E.S.I.S. Mentoring Program, Goode Resources to Achieve Community Excellence and its' affiliates will not be responsible for any accident to my child during Girlfriends Get-A-Way Women's Retreat. I will not hold the members of the board, staff or volunteers responsible for injury that may occur while participating in any of the programs.

Parent or Guardian Signature: _____

Date: _____

GFG 2009 G.E.N.E.S.I.S. Data Survey

The following information for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is appreciated.

Ethnicity:

- Native American or Alaska Native
- Black or African-American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Asian
- White

Family Setting (circle one):

- 1 Parent Family-female head of household
- 2 Parent Family
- 1 Parent Family-Male head of household
- Other: _____

Number of Family Members:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9+

Check all that Apply:

- TANF
- Day Care Voucher
- Food Stamps
- General Assistance
- School Lunch Program
- Veterans Compensation
- Disability
- Other: _____

Annual Household Income: (Check One)

- Less than \$10,000
- \$10,000-\$19,999
- \$20,000-\$39,000
- \$40,000-\$59,999
- \$60,000-\$79,999
- \$80,000-\$99,999
- \$100,000+

Please check one if a parent/guardian is enrolled in the Military:

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard